



**DALLAS AREA
MUNICIPAL AUTHORITY**
101 MEMORIAL HIGHWAY
SHAVERTOWN, PA 18708-9603

PHONE:(570) 696-1133
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WEB: www.Damaonline.org
E-MAIL: office@damaonline.org

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name DALLAS AREA MUNICIPAL AUTHORITY

I (WE) hereby authorize DALLAS AREA MUNICIPAL AUTHORITY, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) **CHECKING** **SAVINGS** account (select one) indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

DEPOSITORY NAME _____

CITY _____ **STATE** _____ **ZIP CODE** _____

TRANSIT ABA # _____ **ACCOUNT #** _____

AMOUNT \$ _____ **DEBIT START DATE** _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(s) _____ **TELEPHONE #** _____
(Please print) **DAMA ACCT #** _____

DATE _____ **SIGNED X** _____ **SIGNED X** _____