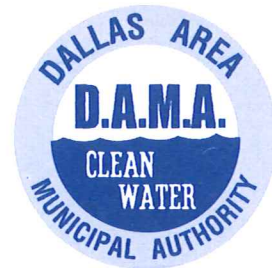


# DALLAS AREA MUNICIPAL AUTHORITY

101 MEMORIAL HIGHWAY  
SHAVERTOWN, PA 18708-9603  
Phone: (570) 696-1133  
Fax: (570) 696-2363



Web: [www.damaonline.org](http://www.damaonline.org)  
E-mail: [dama@damaonline.org](mailto:dama@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** \_\_\_\_\_