

**MUNICIPAL AUTHORITY OF THE BOROUGH OF MANSFIELD**

14 SOUTH MAIN STREET, MANSFIELD, PA 16933

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**AUTHORIZATION FORM  
DIRECT DEBIT OF ACCOUNT**

Name: \_\_\_\_\_  
Last First MI

Primary Phone Number: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ MMA Account #: \_\_\_\_\_

**New Payment Options**

Please check an option below (select only one):

- Automatic Debit – recurring debit from checking or savings account. **Please complete and sign this form, attach a voided check for the account you wish to debit and return to the address listed below. Phone number is required.**
- Change of account and/or financial institution. **Please complete and sign this form, attach a voided check for the account you wish to debit and return to the address listed below. Phone number is required.**

**Please double-check your account number and routing number for accuracy.**

**Select Primary Account:**

- CHECKING       SAVINGS

Account# \_\_\_\_\_ Routing# \_\_\_\_\_

*Your routing and account numbers appear at the bottom of your check. If you have trouble locating these numbers, please contact your banking institution for assistance.*

**The amount due on your water/sewer billing card is automatically deducted from your banking account on the due date of the bill each month, unless written authorization is received canceling recurring debit.**

Financial Institution \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Authorization Statement:**

I hereby authorize The Municipal Authority of the Borough of Mansfield and the financial institution above to debit my account electronically each month. This authority will remain in effect until I have signed a new authorization, or upon written notice to cancel participation.

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date (Required)

**Cancellation:**

You must notify MMA in writing to cancel this service.

- Cancel participation. Please complete and sign this form.**