

Municipal Authority of the City of New Kensington

Electronic Funds Transfer (EFT) Authorization Form

Business Name: _____

Remittance Address: _____

Contact & Phone No: _____

Banking Information for EFT Transfer

Name of Financial Institution: _____

Address: _____

Account Number _____

Transit Routing # _____

Account Type (check box)

Checking

Savings

I authorize the Municipal Authority of the City of New Kensington to initiate credit entries or adjustments for credit entries to our account indicated above. This authorization is to remain in force until the Municipal Authority of the City of New Kensington receives written notice from us to change or terminate this authorization.

Authorized Signature

Date

Print Name & Title