



SUSQUEHANNA COMMUNITY BANK

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

NAME: Kelly Township Municipal Authority
(Company)

ID#: 23-1728480
(Company EIN)

I (We) hereby authorize Kelly Township Municipal Authority, hereinafter called *COMPANY*, to initiate debit entries to my (our) Checking account, Savings account indicated below at the depository named below, hereinafter called *DEPOSITORY*, to debit the same to such account.

DEPOSITORY NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

CREDIT ACCOUNT INFORMATION (Susquehanna Community Bank):

ACCOUNT NUMBER: _____ ACCOUNT TYPE Checking

AMOUNT Res. Amount FREQUENCY Monthly START DATE _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (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): _____ TIN: N/A
PLEASE PRINT

ADDRESS: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

EMAIL: _____

ATTACH A VOIDED CHECK OR DEPOSIT SLIP BELOW: