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**TOWNSHIP OF MIDDLETOWN
SEWERAGE AUTHORITY**



**PO BOX 205
BELFORD, NJ 07718
WWW.TOMSANJ.COM**

JOHN FRIEDMANN
Executive Director

PAUL THOMSON
Staff Engineer

**ADMINISTRATION BUILDING
100 BEVERLY WAY
TELE: (732) 495-1010
FAX: (732) 495-4565**

Dear TOMSA Customer:

The Township of Middletown Sewerage Authority (TOMSA) is pleased to announce that our Direct Debit Program is available for your convenience. The Direct Debit Program will allow TOMSA to automatically withdraw your quarterly sewer bill payment from your checking account, thereby eliminating the need for you to send in a payment each quarter.

The process begins when the customer fills out the authorization form on the reverse side of this letter, giving TOMSA permission to withdraw the quarterly fee through our bank (OceanFirst Bank.) Payments will be deducted on or about the 25th of the month the payment is due. If the 25th falls on a weekend or holiday, your account is charged the next business day. Please note that you will no longer receive a bill in the mail.

Customers are under no obligation to participate in this program and can withdraw from the program whenever they choose by submitting a request in writing two weeks before their account is to be charged.

TOMSA is pleased to offer its customers this convenient and hassle-free method of paying their quarterly sewer bills. Please note that this program will be effective as of your next billing cycle. Any money due at this time will need to be paid before then. If you have any questions about the Direct Debit Program, please feel free to call our office at (732) 495-1010.

**TOMSA AUTHORIZATION AGREEMENT
FOR DIRECT DEBIT PAYMENT**

I hereby authorize The Township of Middletown Sewerage Authority (TOMSA) and my financial institution to initiate the quarterly payment of my sewer bill from the account specified below. If I change financial institutions or wish to terminate direct payment. I will take responsibility to notify TOMSA in writing at least two weeks before my account is to be charged. If payments are returned to TOMSA at least two times, TOMSA reserves the right to terminate this payment agreement. I understand that upon entering into this agreement I will no longer receive a quarterly bill and that it is my responsibility to know when my payments will be deducted from my bank account. This authority will remain in effect until I notify TOMSA otherwise. I understand that it is my responsibility to notify TOMSA if I move so my information can be removed from my account. I further understand that payments taken from accounts when notification of change of ownership or tenancy was not received by TOMSA in such time and in such a manner as to afford TOMSA a reasonable opportunity to act on it will not be refunded.

Date of Payment: 25th of the month it is due (Note: If the due date falls on a weekend or bank holiday, payment is charged on the first business day thereafter).

Customer Name (as it appears on your bill): _____
(Printed Name)

Service Address: _____

TOMSA account number (as it appears on your bill) _____

Phone Number: _____

Email address: _____

Financial Institution Name: _____

Name of Account Holder: _____

Bank account number: _____

Bank routing number: _____

Type of Account:

_____ Checking (please enclose a "VOID" check)

Signature _____ Date _____

Please return to: TOMSA
PO BOX 281
Middletown, NJ 07748

NOTE: In order to participate in this program, your account must be paid up to date.