

**TOWNSHIP OF EAST BRUNSWICK**

1 Civic Center Drive, East Brunswick, New Jersey 08816-1081

**AUTHORIZATION AGREEMENT FOR ACH DIRECT WITHDRAWALS**

**NOTE: A VOIDED CHECK OR A LETTER FROM YOUR BANK CONFIRM YOUR BANK ROUTING AND ACCOUNT NUMBERS MUST BE INCLUDED WITH THIS FORM IN ORDER FOR ACH WITHDRAWALS TO BE MADE.**

COMPLETED FORMS CAN BE EMAILED TO [REVENUE@EASTBRUNSWICK.ORG](mailto:REVENUE@EASTBRUNSWICK.ORG) , MAILED VIA USPS TO Township of East Brunswick, Attn: Revenue Department, PO Box 1081, East Brunswick, NJ 08816-1081 , **OVERNIGHT MAIL** TO Township of East Brunswick, Attn: Revenue Department, 1 Civic Center Dr., East Brunswick, NJ 08816-1081 OR **PLACED IN THE MUNICIPAL PAYMENT BOX** ON LEFT SIDE OF THE ENTRANCE OF THE MUNICIPAL BUILDING.

*Please Print Clearly*

**PROPERTY INFORMATION**

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qualifier (if any) \_\_\_\_\_ Utility Account #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**BANK ACCOUNT INFORMATION**

Name of Bank: \_\_\_\_\_ Account Type: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Routing / ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**DIRECT DEBIT AUTHORIZATION**

I hereby authorize the Township of East Brunswick, to debit my checking or savings account to make the payments selected below on the applicable due dates noted: **(select payments to be made via ACH with an X)**

- Tax quarterly payments only** (February 5<sup>th</sup>/May 5<sup>th</sup>/August 5<sup>th</sup>/November 5<sup>th</sup> – unless the date falls on a weekend or holiday, then it will be drafted on the next business day)
- Water / Sewer Utility payments only** (as of due date indicated on the bill)
- Both Tax & Utilities payments** (withdrawals will be as of the applicable dates noted above)

I understand that these charges will continue being deducted automatically until I make a written request to the Township of East Brunswick to discontinue direct debit from my account or email a request to Revenue @eastbrunswick.org. I agree that all insufficient funds will incur a \$20 returned check fee.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>FOR INTERNAL USE ONLY:</b></p> <p>Entered: _____ Pre-note: _____ Scanned by: _____ Confirmed by: _____</p> <p>Notes: _____</p>
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The Township of East Brunswick assures you that no personal identifying information that is supplied by you on this form will be disclosed, as personal information is deemed confidential pursuant to the Open Public Records Act, N.J.S.A. 47:1A-1, et seq.