

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 , 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 5th / May 5th / August 5th / November 5th – 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: _____

FOR INTERNAL USE ONLY:

Entered: _____ Pre-note: _____ Scanned by: _____ Confirmed by: _____

Notes:

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.

East Brunswick is an Equal Opportunity Employer