

AUTHORIZATION AGREEMENT FOR ACH DIRECT WITHDRAWALS

Complete and Sign the Agreement below. A current voided check must be included with this form to confirm your bank routing and account numbers in order for ach withdrawals to be made.

Start date for ACH Direct Withdrawals:

- For Tax payments - return this form no less than 15 days prior to the next quarterly tax payment due date of February 1, May 1, August 1, Or November 1.
- For Water / Sewer Utility Payments - return this form no less than 15 days prior to the next due date on the water / sewer bill received.

Where to send COMPLETED FORMS & VOIDED CHECK:

EMAIL to Revenue@EastBrunswick.org , MAIL 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 Drive, East Brunswick, NJ 08816-1081 OR **PLACE IN THE MUNICIPAL PAYMENT BOX** located on the left side of the front 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)**

ONLY TAX payments **ONLY WATER & SEWER Utility payments** **BOTH TAX & UTILITY**

I understand that these charges will be 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](mailto:Revenue@eastbrunswick.org). I shall notify the Township of East Brunswick IMMEDIATELY if I am selling my property or no longer wish to participate in the ACH Plan.

I understand funds must be available two days prior to the due date and 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.

We are here to help you! Questions can be emailed to Revenue@EastBrunswick.org or you can call **732-390-6835**.