

**AUTHORIZATION AGREEMENT FOR ACH DIRECT WITHDRAWALS
FOR QUARTERLY PROPERTY TAX PAYMENTS**

Company Name Bernards Township **Date** _____

Check One: ___ New Authorization ___ Authorization to Transfer Another Depository
 ___ Change of Account Number ___ Cancellation

I (we) hereby authorize Bernards Township hereafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and I hereby authorize the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. Such debit entry will take place on February 1, May 1, August 1 and November 1 or the next business day.

Depository Name _____

Branch _____

City _____ **State** _____ **Zip** _____

Transit/ABA No. _____ **Account No.** _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by the COMPANY or the DEPOSITORY prior to its receipt in the offices of the COMPANY. The bank or financial depository information provided in this form by the taxpayer shall remain confidential from all other sources and used solely for the purposes described in this form. If any debit entry is denied by above named depository, your account with the COMPANY will be charged a return fee of \$20. Certified funds or cash will be required in order to fulfill your obligation with the COMPANY for that payment.

NAME(S) _____

Property Location _____

Block _____ Lot _____ Qualification (if applicable) _____

Mailing Address (if different from above) _____

E-Mail Address _____

Day Time Telephone _____

Signature _____ Signature _____

ALL INFORMATION IS REQUIRED.

THIS COMPLETED ORIGINAL FORM MUST BE RETURNED TO THE BELOW ADDRESS IN ORDER TO INITIATE.

RETURN THIS ORIGINAL TO:
ATTN: PEGGY WARREN
BERNARDS TOWNSHIP TAX COLLECTOR
ONE COLLYER LANE
BASKING RIDGE NJ 07920
908-204-3080