

Authorization Agreement for ACH Direct Withdrawals For Property Tax Payments and Sewer Utility Payments

Company Name: Township of Hamilton Taxpayer: _____

Address: _____ Phone #: _____

Block: _____ Lot: _____ Qual: _____ Acct #: _____

I (we) hereby authorize the Township of Hamilton, to initiate debit entries to my (our) checking or savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

I (we) request that the Township of Hamilton process payments for the following:

Please check all that apply: _____ Quarterly Taxes _____ Sewer Payments

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until the Township of Hamilton has received written notification from me (or either of us) of its termination in such time and in a manner as to afford the Township of Hamilton and Depository a reasonable opportunity to act on it.

Name(s) (Please print): _____

Signature: _____ Date: _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. INSUFFICIENT OR RETURNED ITEMS ARE SUBJECT TO A \$20.00 FEE PER ORDINANCE #06-013

ATTACH YOUR PERSONALIZED VOIDED CHECK HERE

**RETURN TO:
Tax Collector
Township of Hamilton
2090 Greenwood Avenue
PO Box 00150
Hamilton, NJ 08650-0150**