

**TOWNSHIP OF EGG HARBOR
DIRECT DEBIT (ACH) AUTOMATED CLEARING HOUSE PAYMENT
AUTHORIZATION FORM**

We are pleased to offer you a new service—the Direct Debit Payment Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps you pay your bills in a convenient and timely manner – even if you're out of town. There is no fee for this service.
- Your payment is always on time.
- It saves postage – many people spend close to \$100 a year on postage
- It's easy to sign up, easy to cancel

All you need to do is:

1. Check the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and information as indicated.
3. **Attach a voided check or savings deposit ticket.**

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE TOWNSHIP OF EGG HARBOR HAS RECEIVED WRITTEN NOTIFICATION FROM ME (US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD TOWNSHIP OF EGG HARBOR A REASONABLE OPPORTUNITY TO ACT ON IT.

I (WE) UNDERSTAND THE PAYMENT WILL BE PROCESSED APPROXIMATELY ON THE THIRD DAY OF THE MONTH IN WHICH TAXES BECOME DUE.

I (WE) UNDERSTAND THAT A HANDLING FEE OF \$20.00 WILL BE CHARGED TO ME (US) FOR EACH PAYMENT THAT CANNOT BE PROCESSED DUE TO NSF, INACTIVE ACCOUNTS, ETC.

I (WE) authorize Township of Egg Harbor to initiate debit entries to my (our) account indicated below.

NAME _____

MAILING ADDRESS _____

This authorization is for payment of my property tax bill.

BLOCK _____ LOT _____ QUALIFICATION _____

PROPERTY LOCATION: _____

***** Please attach a listing of block and lot numbers if you need want to pay on additional properties.***

Type of account to debit: (check one) _____ Checking _____ Savings

Financial Institution Name _____

Bank Account Number _____

ABA ROUTING TRANSIT NUMBER _____

Daytime Phone# _____ Evening# _____

Email Address (Optional): _____

Authorized Signature

Authorized Signature (Joint Account)

PLEASE MAIL COMPLETED FORM TO:

**TAX COLLECTOR
3515 BARGAINTOWN ROAD
EGG HARBOR TOWNSHIP, NJ 08234**

ATTACH A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT TICKET WITH FORM