TOWNSHIP OF BERKELEY

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

I (we) authorize the **TOWNSHIP OF BERKELEY / TAX COLLECTOR'S OFFICE**, hereinafter called **COMPANY**, to initiate debit entries to my (our) Checking Account / Savings Account (select one), Indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law

**** COPY OF VOIDED CHECK IS REQUIRED WITH THIS FORM ****

NAME OF BANK_____ **BRANCH**_____

CITY_____ **STATE**_____

ROUTING # _____ _____ _____ _____ _____ _____ _____ _____ _____ **ACCOUNT #**_____

This authorization is to remain in full force and the effect until the COMPANY has received written notification for me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act in.

NAME_____ **PHONE #**_____

PROPERTY LOCATION_____ **BLOCK / LOT #**_____

SIGNATURE_____ **DATE**_____

EMAIL ADDRESS_____@_____ **ACCOUNT**_____

OR

MAILING ADDRESS_____

*** NOTE: WRITTEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION ***

You can mail / email form to: omata@berkeleytownship.org

IF YOU SELL YOUR PROPERTY, YOU MUST CALL AND CANCEL YOUR ACH AT (732) 244-7400 EXT. 1505

Berkeley Township Tax Collector's Office * Post Office Box B * Bayville, NJ 08721