

ACH Bank Draft Program to Pay Property Taxes

The Borough of Oradell, Tax Collector's Office offers an ACH bank draft program (direct withdrawal) to our taxpayers. This service assures your payment will be received in a timely manner as well as providing a safe and secure way to pay your taxes without the worry of mail delivery or coming in to pay in person.

Quarterly property tax payments as billed will be debited from your CHECKING account on the payment due dates of February 1, May 1, August 1 and November 1. We do not draft from savings or equity accounts. You may enroll or cancel at any time, provided a completed authorization form is received at **least 4 weeks prior to the scheduled draft dates.**

If you would like to enroll in this program please complete the **entire authorization form** which is available on the Borough's website. Be sure to attach a **voided check**. Incomplete applications will delay enrollment.

**Authorization Agreement for ACH Direct Withdrawals
For quarterly property tax payments**

Company Name: Borough of Oradell
Check One:

Date: _____

_____ **New Authorization**

_____ **Authorization to Transfer to Another
Depository**

_____ **Change of Account Number**

_____ **Cancellation**

I (we) hereby authorize the Borough of Oradell, 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.

Depository Name _____

Branch _____

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

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

This authority 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.

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.

*******PLEASE TYPE OR PRINT CLEARLY*******

Name(s) _____

Property Location _____

Mailing Address (if different from above) _____

Block & Lot _____ **Day Time Telephone** _____

E-Mail Address _____

Signature _____ **Signature** _____

ATTACH YOUR PERSONALIZED VOIDED CHECK HERE

***RETURN TO THE BOROUGH OF ORADELL
TAX COLLECTORS OFFICE
355 KINDERKAMACK ROAD, ORADELL, NJ 07649
201-261-8101***