

**AUTHORIZATION AGREEMENT
(ACH) AUTOMATED CLEARING HOUSE
This is a FREE Service for Englishtown Taxpayers**

I (we) authorize The Borough of Englishtown to initiate debit entries to my account indicated below.

NAME: _____

MAILING ADDRESS: _____

****YOUR ACCOUNT MUST BE CURRENT TO UTILIZE THIS SERVICE**

CIRCLE ONE OR BOTH: PROPERTY TAX WATER/ SEWER/SOLID WASTE

Block _____ Lot _____ Qualification _____

Water/Sewer/ Solid Waste Account # _____

Name of Bank: _____

Bank Account Number: _____

Is this a Checking Account? _____ or Savings Account? _____

ABA Routing Transit Number: _____

This Authorization is to remain in full force and effect until the Borough of Englishtown has received written notification from me (us) of its termination in such time and in such manner as to afford the Borough of Englishtown a reasonable opportunity to act in it. I (we) understand that my (our) Bank Account will be debited on the 30th of the Month proceeding the due date for each quarter.

Authorized Signature

Phone Number:

Authorized Signature (Joint Account)

E-Mail Address

Please note that we cannot process this request unless your **VOIDED CHECK** is attached. A deposit slip may be used only if this is a savings account for which you have no checks. Please mail completed form to:

Borough of Englishtown
Office of Tax Collector
15 Main Street
Englishtown, NJ 07726

Jane M. Doe
John P. Doe
2020 Main Street
Anywhere, PA 12345-6789

00-142
313

101

DATE _____

Attach
voided
check
here

PAY TO THE ORDER OF

SAMPLE CHECK

DOLLARS

MEMO _____

000001234

1234 56789 101

Bank 9-digit ABA Transit
Routing Number

Account Number