

TOWNSHIP OF JACKSON
AUTHORIZATION AGREEMENT FOR DIRECT DEBIT PAYMENTS (ACH DEBIT)
FOR PROPERTY TAX PAYMENTS

CHECK ONE: ☐ New Authorization ☐ Change Account Number or Depository ☐ Cancellation

I (we) hereby authorize the Township of Jackson, to initiate debit entries to my (our) checking account/savings account (select one) indicated below at the depository financial institution named below, hereafter 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 provision of U.S. Law.

BANK NAME _____

BRANCH STREET _____

CITY, STATE, ZIP _____

****MUST INCLUDE A VOIDED CHECK FOR CHECKING ACCOUNTS (WITH PRE-PRINTED NAME AND ADDRESS)**

***MUST INCLUDE A LETTER FROM THE BANK FOR SAVINGS ACCOUNTS (MUST HAVE 9 DIGIT ABA/ROUTING#)**

CIRCLE ONE **CHECKING** **SAVINGS**

ROUTING # _____

ACCOUNT # _____

This authorization is to remain in full force and effect until the Township has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Township and Depository a reasonable opportunity to act on it. The Township is not responsible for any overdraft or other charges imposed by the depository listed above as a result of this service. I (we) acknowledge that I (we) am/are responsible for all fees in connection with the transaction or cancellation thereof in connection with this agreement. I (we) agree to hold the Township harmless from and against all claims arising out of this agreement. I (we) acknowledge that I (we) am/are the only owners of the account listed above. No other individuals have any rights to the account listed above.

Tax Payments: I (we) understand that my/our account will be debited on the 1st of each quarter or the next business day thereafter if the 1st should fall on a weekend, holiday or a day the Township is otherwise closed.

NAME(S) _____

PROPERTY LOC _____

MAILING ADDRESS _____

BLOCK/LOT _____ / _____ **DAYTIME PHONE #** _____

EMAIL ADDRESS: _____

DATE _____ **SIGNATURE** _____ **PRINT NAME** _____

PLEASE RETURN THIS FORM & A VOIDED CHECK WITH PRE-PRINTED NAME AND ADDRESS (NO STARTER CHECKS) OR LETTER FROM THE BANK FOR SAVINGS ACCOUNTS TO THE TAX COLLECTORS OFFICE, 95 WEST VETERANS HWY, JACKSON NJ 08527

***FORMS NOT FULLY COMPLETED, DATED AND SIGNED, OR LACKING A VOIDED CHECK OR SAVINGS ACCT BANK LETTER, WILL BE RETURNED FOR COMPLETION AND MAY RESULT IN A DELAY IN PROCESSING YOUR REQUEST. (CANCELLATION REQUESTS DO NOT REQUIRE VOIDED CHECKS OR SAVINGS ACCT BANK LETTER, BUT THE CHECKING/SAVINGS INFORMATION MUST BE LISTED ABOVE)**

THIS FORM MUST BE RETURNED AT LEAST 10 DAYS PRIOR TO THE DUE DATE OF THE TAX QUARTER TO ALLOW FOR PROCESSING. IF WITHIN 10 DAYS OF THE QUARTER, YOU WILL NEED TO PAY THE QUARTER MANUALLY AND DIRECT DEBIT WILL START WITH THE NEXT QUARTER AFTER THAT.

**** BUSINESS OR COMPANY CHECKS MUST BE ACCOMPANIED BY A LETTER FROM THE BANK STATING THAT THE REQUESTING PARTY IS A SIGNER ON THE CHECKING ACCOUNT. ****