

**This fillable form can be saved when using Internet Explorer.**

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)**

I (we) authorize the TOWNSHIP OF BERKELEY/ TAX 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** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**TAX ACCOUNT ID # (if known)** \_\_\_\_\_

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 \*

IF YOU SELL YOUR PROPERTY, YOU MUST CALL AND CANCEL YOUR ACH AT 732-244-7400 ext. 1243

You can e-mail form and download voided check to [nmontedoro@twp.berkeley.nj.us](mailto:nmontedoro@twp.berkeley.nj.us)

Or mail to: Berkeley Township Tax Department ~ 627 Pinewald-Keswick Road, Box B, Berkeley, NJ 08721