

CITY OF BRIDGETON

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT PAYMENTS (ACH DEBIT) FOR PROPERTY TAX and/or UTILITY PAYMENTS

CHECK ONE: New Authorization Change Account Number or Depository Cancellation

I (we) hereby authorize the CITY OF BRIDGETON, to initiate debit entries to my (our) checking account 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.

DEPOSITORY NAME _____

BRANCH _____

CITY _____

STATE _____ **ZIP** _____

****MUST INCLUDE A VOIDED CHECK****

ROUTING # _____

ACCOUNT # _____

Please check the accounts you would like to initiate Direct Withdrawal for:

Property Tax Payments

Solid Waste (trash) Billing

Water/Sewer Billing

This authorization is to remain in full force and effect until the City has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City and Depository a reasonable opportunity to act on it. The city 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 City 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/Solid Waste 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 City is otherwise closed.

Water/Sewer Payments: I (we) understand that my/our account will be debited on the 25th day of the month of each quarter or the next business day thereafter if the 25th should fall on a weekend, holiday or a day the City is otherwise closed.

NAME(S) _____

PROPERTY LOCATION _____

MAILING ADDRESS _____

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

EMAIL ADDRESS _____

SIGNATURE _____ **DATE** _____

PLEASE RETURN THIS FORM & A VOIDED CHECK TO THE TAX COLLECTORS OFFICE,
181 E COMMERCE ST, BRIDGETON NJ 08302 | 856-455-3230 ext. 211 | PierceMary@cityofbridgeton.com

FORMS NOT FULLY COMPLETED, SIGNED AND DATED, OR LACKING A VOIDED CHECK, WILL BE RETURNED FOR COMPLETION AND MAY RESULT IN A DELAY IN PROCESSING YOUR REQUEST