

**AUTHORIZATION AGREEMENT
(ACH) AUTOMATED CLEARING HOUSE**

YOUR ACCOUNT MUST BE CURRENT TO UTILIZE THIS SERVICE

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

NAME: _____

MAILING ADDRESS _____

Circle one: PROPERTY TAX SEWER PAYMENTS BOTH TAX AND SEWER

BLOCK _____ LOT _____ Qualification _____

SEWER 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 ROBBINSVILLE TOWNSHIP HAS RECEIVED WRITTEN NOTIFICATION FROM ME (US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD ROBBINSVILLE TOWNSHIP A REASONABLE OPPORTUNITY TO ACT ON IT. I (WE) UNDERSTAND THAT MY (OUR) BANK ACCOUNT WILL BE DEBITED ON THE 30TH OF THE MONTH PRECEEDING THE DUE DATE FOR EACH QUARTER

(_____) _____
Authorized Signature Daytime Phone #

(_____) _____
Authorized Signature (Joint Account) Evening or Cell Phone #

EMAIL ADDRESS (REMINDERS WILL BE SENT) _____

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:

**Township of Robbinsville
Office of the Tax Collector
1201 Washington Boulevard
Robbinsville, N.J. 08691**