

**AUTHORIZATION AGREEMENT FOR  
(ACH) AUTOMATED CLEARING HOUSE  
DIRECT DEBIT PAYMENTS OF QUARTERLY TAXES**

***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. Certifying

NAME: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

This authorization is for: (check one)

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ Qualification \_\_\_\_\_

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 WASHINGTON TOWNSHIP HAS RECEIVED WRITTEN NOTIFICATION FROM ME ( US ) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD WASHINGTON 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

Attach  
voided  
check here

Jane M. Doe John P. Doe 2020 Main Street Anywhere, PA 12345-6789	$\frac{60-142}{313}$	101
	DATE _____	
		\$ <input type="text"/>
PAY TO THE ORDER OF _____		
<b>SAMPLE CHECK</b>		
MEMO _____		



Bank 9-digit ABA Transit  
Routing Number



Account Number