

**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**