

**AUTHORIZATION AGREEMENT  
(ACH) AUTOMATED CLEARING HOUSE  
This is a FREE Service for Englishtown Tax Payers**

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

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

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

***YOUR ACCOUNT MUST BE CURRENT TO UTILIZE THIS SERVICE***

**Circle one:** PROPERTY TAX   WATER/SEWER PAYMENTS   BOTH TAX AND W/S

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

WATER/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 THE BOROUGH OF ENGLISHTOWN HAS RECEIVED WRITTEN NOTIFICATION FROM ME ( US ) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE BOROUGH OF ENGLISHTOWN 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:

**Borough of Englishtown  
Office of Tax Collector  
15 Main St.  
Englishtown, NJ 07726**