



*Authorization Agreement for ACH Direct Withdrawals
Quarterly Property Tax Payments*

Check One:

- | | |
|---|--|
| <input type="checkbox"/> New Authorization | <input type="checkbox"/> Authorization to Transfer to another Depository |
| <input type="checkbox"/> Change of Account Number | <input type="checkbox"/> Cancellation |

I (we) hereby authorize the Borough of Old Tappan, hereafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and I hereby authorize the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository Name _____

Branch _____

City _____ State _____ Zip _____

Transit/ABA No. _____ Account No. _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by the COMPANY or the DEPOSITORY prior to its receipt.

The bank or financial depository information provided in this form by the taxpayer shall remain confidential from all sources and used solely for the purposes described in this form.

PLEASE TYPE OR PRINT CLEARLY

Name(s) _____

Property Location _____

Mailing Address (if different from above) _____

Block & Lot _____ Day Time Telephone _____

E-mail Address _____ Date _____

Signature _____ Signature _____

PLEASE ATTACH YOUR PERSONALIZED VOIDED CHECK

*Return to the Borough of Old Tappan
Attn: Tax Collector's Office
227 Old Tappan Road
Old Tappan, NJ 07675
(201) 664-1849 x16*