



## AUTHORIZATION AGREEMENT FOR ACH DIRECT WITHDRAWAL

Quarterly Property Tax Payments       Sewer Payments

**Check One:**

- New Authorization       Authorization to Transfer to another Depository  
 Change of Account Number       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: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE ATTACH YOUR PERSONALIZED VOIDED CHECK TO THE FORM**

Return to: Borough of Old Tappan      or email to: [jforcellati@oldtappan.net](mailto:jforcellati@oldtappan.net)  
Attn: Tax Collector's Office  
227 Old Tappan Road, Old Tappan, NJ 07675

For more information, call (201) 664-1849 x16