

PLEASE INDICATE WHICH ACCOUNT THIS FORM IS FOR: TAX SEWER

AUTHORIZATION AGREEMENT FOR ACH DIRECT WITHDRAWALS

Check One: New Authorization Change of Account Number Cancellation

I (we) hereby authorize Chatham Township, to initiate debit entries to my (our) checking account indicated below and I hereby authorize the depository named below, to debit the same to such account. Such debit entry will take place on February 1, May 1, August 1 and November 1 or the next business day for taxes and March 1, June 1, September 1, and December 1 or the next business day for sewer.

Depository Name: _____

Branch: _____ Checking: _____ Savings: _____

City: _____ State: _____ Zip: _____

Transit/ABA No.: _____

Account No: _____

This authorization is to remain in full force and effect until the Township of Chatham has received written notification from me of its termination a minimum of thirty days prior to the next withdrawal. The bank or financial depository information provided in this form by the taxpayer shall remain confidential from all other sources and used solely for the purposes described in this form. If any debit entry is denied by above named depository, your account will be charged a return fee of \$20. Certified funds or cash will be required in order to fulfill your obligation with the Township of Chatham for that payment.

NAME(s): _____

Property Location: _____

Block: _____ Lot: _____ Qualifier (if applicable): _____

E-Mail Address: _____ Day Time Telephone: _____

Signature: _____ Signature: _____

ALL INFORMATION IS REQUIRED
RETURN THIS ORIGINAL FORM TO: ATTN: ANTONIA RUSSO
CHATHAM TOWNSHIP TAX COLLECTOR 58 MEYERSVILLE ROAD
CHATHAM, NJ 07928