

**Authorization Agreement for ACH Direct Withdrawals  
For quarterly property tax payments**

Print Form

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Check One:**

New Authorization

Authorization to Transfer to Another Depository

Change of Account Number

Cancellation

**Check Service:**

Property Tax

Water & Sewer (Quarterly water bill amount varies based on water consumption)

I (we) hereby authorize the Borough of Lincoln Park, 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 authority 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 other 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** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**ATTACH YOUR PERSONALIZED VOIDED CHECK HERE**

**RETURN TO THE BOROUGH OF LINCOLN PARK  
TAX COLLECTORS OFFICE  
34 CHAPEL HILL RD, LINCOLN PARK NJ 07035  
973-270-2061**