

**Authorization Agreement for ACH Direct Withdrawals
For property tax and/or utility payments**

Company Name: BOROUGH OF LINCOLN PARK

Date: _____

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 (you must submit a cancellation form in order to stop the direct withdrawal – e.g. sale of property, change of ownership, etc.) |
- Check Service:**
- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Property Tax | <input type="checkbox"/> 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 _____

*****PLEASE NOTE YOU WILL RECEIVE YOUR BILLS VIA EMAIL BY SIGNING UP FOR ACH*****

Signature _____ **Date** _____

ATTACH YOUR PERSONALIZED VOIDED CHECK HERE

(Must be received two weeks prior to due date)

RETURN TO THE BOROUGH OF LINCOLN PARK TAX COLLECTORS OFFICE

34 CHAPEL HILL RD, LINCOLN PARK NJ 07035