

MENDHAM TOWNSHIP TAX DEPARTMENT

AUTHORIZATION AGREEMENT FOR ACH DIRECT WITHDRAWALS

Check one or all that apply: _____ Tax _____ Sewer

I hereby authorize Mendham Township, to initiate debit entries to my (our) checking account indicated below and I hereby authorize the depository named below, hereinafter call DEPOSITORY, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law. All ACH debits will be withdrawn from the accounts on the due date of the bill. _____ Initial

Depository Name	
Branch	
City/State/Zip	
Routing Number	
Account Number	

This authorization is to remain in full force and effect until Mendham Township has received **written notification** of termination a minimum of thirty days prior to the next withdrawal. If any debit entry is denied by the above named depository for non-sufficient funds, your account will be charged a fee of \$20.00

Date	Phone Number
E-mail	
Print Name	
Signature	

ATTACH A VOID CHECK

Block	Lot	Sewer Account #
Address		