

**AUTHORIZATION AGREEMENT FOR
DIRECT PAYMENTS (ACH DEBITS)**

Select One: ___ Enrollment ___ Change

I (we) hereby authorize THE BOROUGH OF SOUTH TOMS RIVER, to initiate debit entries to transfer funds from my (our) account or initiate if necessary, credit entries and adjustments for any debit entries made in error to my (our) account indicated below at the depository financial institution named below (the "Depository"), and to debit and/or credit the same to such account. I (we) acknowledge that ACH transactions authorized herein to my (our) account must comply with all applicable U.S. law.

This authorization is for an amount as billed to me on a recurring quarterly basis for property taxes:

Depository/Bank: _____

Branch: _____ Phone# _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This electronic debit will be processed on the 5th or the next business day the month taxes are due.

This authorization is to remain in full force and effect until the *Company* has received written notification from me (or either of us) to revoke such Authorization at least five (5) business days prior to the proposed effective date of the termination of the authorization.

Property Location: _____

Block: _____ Lot: _____

E-Mail Address: _____ Phone#: _____

Name: _____ Name: _____
(Please Print) (Please Print)

Signature: _____ Signature: _____

ATTACH YOUR VOIDED CHECK HERE

Mail or Drop-Off to:

Borough of South Toms River-Tax Collector
19 Double Trouble Road
South Toms River, NJ 08757
732-349-0403

Office Use Only

Effective Date: _____