



TOWNSHIP OF
CHATHAM
New Jersey

AUTHORIZATION AGREEMENT FOR ACH DIRECT WITHDRAWALS

PLEASE INDICATE WHICH ACCOUNT THIS FORM IS FOR:

TAX SEWER BOTH

SELECT ONE: New Authorization Change of Account Number Cancellation

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

Depository (Bank) Name _____

Branch _____ **Checking** **Savings**

City/State _____ **Zip Code** _____

Routing # _____ **Account #** _____

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 deposit 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 note: if any debit entry is denied by the above-named depository, your account will be charged a return penalty of \$20 and certified funds or cash will be required for repayment of that tax or sewer installment. In the event that there are insufficient funds TWICE in the same calendar year, the Township shall discontinue your participation by written notice.

NAME(S) _____

Property Location _____

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

Email _____ **Phone** _____

Signature(s) _____ **Date** _____

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