

**IF YOU ARE ALREADY ENROLLED YOU DO NOT NEED TO FILL THIS FORM OUT**

**PLEASE INDICATE WHICH ACCOUNT THIS FORM IS FOR:**

\_\_\_\_\_ **TAX ONLY**          \_\_\_\_\_ **SEWER ONLY**          \_\_\_\_\_ **BOTH TAX & SEWER**

**AUTHORIZATION AGREEMENT FOR ACH DIRECT WITHDRAWALS**

**Check One:** \_\_\_\_\_ New Authorization          \_\_\_\_\_ Change of Account Number          \_\_\_\_\_ Cancellation

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

**Depository Name** \_\_\_\_\_

**Branch** \_\_\_\_\_ **Checking** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Savings** \_\_\_\_\_

**Transit/ABA No.** \_\_\_\_\_ **Account No.** \_\_\_\_\_

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 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.

If any debit entry is denied by above named depository, your account will be charged a return fee of \$20. Certified funds or cash will be required in order to fulfill your obligation with the Township of Chatham for that payment. 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)** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_ **Day Time Telephone** \_\_\_\_\_

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

**ALL INFORMATION IS REQUIRED  
RETURN THIS ORIGINAL FORM TO:  
ATTN: ANN MARIE SILVIA  
CHATHAM TOWNSHIP TAX COLLECTOR  
58 MEYERSVILLE ROAD  
CHATHAM, NJ 07928**

**YOUR ACCOUNT MUST BE CURRENT AND NOT BE IN ARREARS TO PARTICIPATE IN THIS SERVICE**