

CHECK ONE: _____ NEW AUTHORIZATION _____ CHANGE ACCOUNT NUMBER OR DEPOSITORY _____ CANCELLATION

BOROUGH OF BERLIN
AUTHORIZATION AGREEMENT FOR DIRECT DEBIT PAYMENTS
(ACH DEBIT) FOR PROPERTY TAX OR UTILITY PAYMENTS

I (we) hereby authorize the Borough of Berlin, to initiate debit entries to my (our) checking account at the depository financial institution named below, hereafter called depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. Law.

DEPOSITORY NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

This authorization is to remain in full force and effect until the Borough of Berlin has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Borough of Berlin and Depository a reasonable opportunity to act on it. The Borough of Berlin is not responsible for any overdraft or other charges imposed by the depository listed above as a result of this service. I (we) acknowledge that I (we) am/are responsible for all fees in connection with the transaction or cancellation thereof in connection with this agreement. I (we) agree to hold the Borough of Berlin harmless from and against all claims arising out of this agreement. I (we) acknowledge that I (we) am/are the only owners of the account listed above. No other individuals have any rights to the account listed above.

Please indicate either/or both types of payments to be debited

TAX PAYMENTS

I (we) understand that my/our account will be debited on the **2nd day** of each quarter or the next business day thereafter if the 2nd should fall on a weekend, holiday, or a day the Borough is otherwise closed.

UTILITY PAYMENTS

I (we) understand that my/our account will be debited on the **29th day** of each quarter or the business day thereafter if that date should fall on a weekend, holiday, or a day the Borough is otherwise closed.

NAME(S): _____

PROPERTY LOCATION: _____

MAILING ADDRESS: _____

BLOCK/LOT/QUALIFIER: _____

UTILITY ACCOUNT #: _____

EMAIL: _____ PHONE #: _____

DATE: _____ SIGNATURE: _____

Please return this form and a voided check to:
Borough of Berlin Tax Collector, 59 S White Horse Pike, Berlin, NJ 08009

Forms not fully completed, dated and signed, or lacking a voided check, will be returned for completion and may result in a delay in processing your request