

**Authorization Agreement for ACH Direct Withdrawals
For quarterly property tax payments**

Company Name: Village of Ridgewood

Date: _____

Check One:

New Authorization

Authorization to Transfer to Another
Depository

Change of Account Number

Cancellation

I (we) hereby authorize the Village of Ridgewood, hereafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and I hereby authorize the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository

Name

Branch

City

State

Zip

Transit/ABA No.

Account No.

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by the COMPANY or the DEPOSITORY prior to its receipt.
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.

*******PLEASE TYPE OR PRINT CLEARLY*******

Name(s)

Property Location

Mailing Address (if different from above)

Block & Lot

Day Time Telephone

E-Mail Address

Signature

Signature

ATTACH YOUR PERSONALIZED VOIDED CHECK HERE

RETURN TO THE VILLAGE OF RIDGEWOOD

TAX COLLECTORS OFFICE

131 N. MAPLE AVE., RIDGEWOOD NJ 07450

201-670-5500 EXT 511