

**Authorization Agreement for ACH Direct Withdrawals
For Property Tax Payments and Sewer Utility Payments**

All debits will be processed between the 1st and 10th of the quarter due

Company Name: Township of Hamilton **Taxpayer:** _____

Address: _____ **Phone#:** _____

Block: _____ **Lot:** _____ **Qual:** _____ **Acct#:** _____

Email: _____

I (we) hereby authorize the Township of Hamilton, to initiate debit entries to my (our) checking or savings account indicated below at the depository financial institution named below, hereinafter 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 provisions of U.S. law.

I (we) request that the Township of Hamilton process payments for the following:

Please check all that apply: _____ **Quarterly Taxes** _____ **Sewer Payments**

Depository Name: _____ **Branch:** _____

City: _____ **State:** _____ **Zip:** _____

Routing Number: _____ **Account Number:** _____

PLEASE READ: This authorization is to remain in full force and effect until the Township of Hamilton has received written notification from me (or either of us) of its termination in such time and in a manner as to afford the Township of Hamilton and Depository a reasonable opportunity to act on it.

Name(s) (Please print): _____

Signature: _____ **Date:** _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. INSUFFICIENT OR RETURNED ITEMS ARE SUBJECT TO A \$20.00 FEE PER ORDINANCE #06-013

ATTACH YOUR PERSONALIZED VOIDED CHECK HERE

RETURN TO:
Tax Collector
Township of Hamilton
2090 Greenwood Avenue
PO Box 00150
Hamilton, NJ 08650-0150