Borough of Spring Lake Heights

Authorization Agreement for ACH Direct Withdrawals
Tax Payment Program

Property Owner(s): ____________________________________________________________

Address: ___________________________ Phone #: ___________________________

e-mail address: ___________________________

Block: ______ Lot: ______

I (we) hereby authorize the Borough of Spring Lake Heights, to initiate debit entries to my (our)

☐ CHECKING ACCOUNT ☐ 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.

The direct withdrawal will be the total amount due on the quarterly tax bill and will be debited from the
account on the 5th day of the month in which the payment is due or on the next business day if the 5th is
a Saturday, Sunday or Holiday. All returned or insufficient items are subject to a $20.00 fee.

Depository Name: ___________________________ Branch: ___________________________

City: ___________________________ State: ___________________________ Zip: ___________________________

Routing Number: ___________________________ Account Number: ___________________________

This authorization is to remain in full force and effect until the Borough of Spring Lake Heights has
received written notification from me (or either of us) of its termination in such time and in a manner
as to afford the Borough of Spring Lake Heights and Depositor a reasonable opportunity to act on it.

Name(s) (Please print): __________________________________________________________

Signature: ___________________________ Date: ___________________________

ATTACH YOUR PERSONALIZED VOIDED CHECK HERE

RETURN TO:

Borough of Spring Lake Heights
555 Brighton Avenue
Spring Lake Heights, NJ 07762

07/2015