

**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**