

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 \$25.00 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**