

**(ACH) AUTOMATED CLEARING HOUSE  
AUTHORIZATION AGREEMENT**

**\*\*YOUR ACCOUNT MUST BE CURRENT TO UTILIZE THIS SERVICE\*\***

I/we authorize The Township of Robbinsville to initiate debit entries to my account indicated below:

- CHECK ONE:**    **PROPERTY TAX**    -Account # \_\_\_\_\_  
                           **SEWER**                            -Account # \_\_\_\_\_ - \_\_\_\_\_  
                           **BOTH TAX AND SEWER**

NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualifier (for condo/townhome ONLY) \_\_\_\_\_

Mailing/Billing address (if different than above)

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

PHONE # \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL ROBBINSVILLE TOWNSHIP HAS RECEIVED WRITTEN NOTIFICATION FROM ME/US OF ITS TERMINATION IN SUCH A TIME AND IN A SUCH MANNER AS TO AFFORD ROBBINSVILLE TOWNSHIP A REASONABLE OPPORTUNITY TO ACT UPON IT. I/WE UNDERSTAND THAT MY/OUR BANK ACCOUNT WILL BE DEBITED ON THE 30TH OF THE MONTH PRECEEDING THE DUE DATE FOR EACH QUARTER.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Applications MUST be received**

**NO LATER THAN TWO WEEKS prior to due date. \***

**A voided check MUST be included** with this application in order for your ACH to be processed.

\*For savings accounts only, a deposit slip is acceptable.

MAIL COMPLETED FORM  
AND A VOIDED CHECK TO:

**Office of the Tax Collector  
2298 Route 33  
Robbinsville, NJ 08691**