(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
2300 Route 33 3rd Floor
Robbinsville, NJ 08691