

**BOROUGH OF MANASQUAN
201 E MAIN ST MANASQUAN, NJ 08736-3004
(732) 223-2292 EXT 239**

TAXES

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH) DEBIT

I (we) hereby authorize the Borough of Manasquan to initiate debit entries to my (our) Checking Account/Savings Account indicated below at the depository financial institution named below, hereafter 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 US law.

PLEASE PRINT CLEARLY

Name(s) on Account: _____

Name of Depository: _____

City: _____ **State:** _____ **Zip:** _____

Routing/ABA Number: _____ **Account Number:** _____

Type of account: Checking Savings Please circle one

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

The Borough is not responsible for any overdraft or other charges imposed by the Depository listed above as a result of this service. I (we) acknowledge that I (we) am/are responsible for all fees in connection with the transaction or cancellation thereof in connection with this agreement.

I (we) acknowledge that I am (we are) the only owners of the account listed above. No other individuals have any rights to the account listed above.

PLEASE NOTE THAT YOUR PAYMENT WILL BE DEDUCTED FROM YOUR ABOVE ACCOUNT THREE (3) DAYS PRIOR TO THE EXPIRATION OF THE GRACE PERIOD QUARTERLY.

Manasquan Property Address: _____

Block/Lot/Qualifier: _____

E-mail Address: _____

Do you want to sign up for E-bulletins? _____

Signature: _____ **Date:** _____

PLEASE ATTACH A VOIDED CHECK

CHECKING DEPOSIT TICKETS ARE NOT ACCEPTABLE.