

CHECK ONE: NEW AUTHORIZATION CHANGE ACCOUNT NUMBER OR DEPOSITORY CANCELLATION

VOORHEES TOWNSHIP
AUTHORIZATION AGREEMENT FOR DIRECT DEBIT PAYMENTS
(ACH DEBIT) FOR PROPERTY TAX PAYMENTS

I (we) hereby authorize **Voorhees Township**, to initiate debit entries to my (our) checking account 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 provision of U.S. Law.

DEPOSITORY NAME: _____
BRANCH: _____
TOWNSHIP: _____
STATE: _____
ZIP: _____
ROUTING NUMBER: _____
ACCOUNT NUMBER: _____

****MUST INCLUDE A VOIDED CHECK**

This authorization is to remain in full force and effect until Voorhees Township has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Voorhees Township and Depository a reasonable opportunity to act on it. Voorhees Township 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) agree to hold Voorhees Township harmless from and against all claims arising out of this agreement. I (we) acknowledge that I (we) am/are the only owners of the account listed above. No other individuals have any rights to the account listed above.

Please indicate either/or both types of payments to be debited

TAX PAYMENTS
I (we) understand that my/our account will be debited on the 1st of each quarter or the next business day thereafter if the 1st should fall on a weekend, holiday or a day the Township is otherwise closed.

SEWER PAYMENTS
I (we) understand that my/our account will be debited annually on the 1st of April or the next business day thereafter if the 1st should fall on a weekend, holiday or a day the Township is otherwise closed.

NAME(S): _____ SEWER ACCT #: _____
PROPERTY LOC: _____
MAILING ADDRESS: _____
BLOCK: _____ LOT: _____ QUAL: _____
EMAIL: _____ PHONE #: _____

DATE: _____ SIGNATURE: _____

Please return this form & a voided check to:
Voorhees Tax Collector, 2400 Voorhees Town Center, Voorhees, NJ 08043

****Forms not fully completed, dated and signed, or lacking a voided check, will be returned for completion and may result in a delay in processing your request.**