



Township of Wall

Please Check one:

_____New _____Change _____Delete

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT PAYMENTS (ACH DEBIT) WATER/SEWER AND/OR TAX PAYMENTS

I (we) hereby authorize the Township of Wall, to initiate debit entries to my (our) checking account/savings account (select one) 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 provision of U.S. Law.

DEPOSITORY NAME _____

BRANCH _____

City _____

STATE _____ **ZIP** _____

MUST INCLUDE A VOIDED CHECK FOR CHECKING ACCOUNT

CHECKING

ROUTING # _____ **ACCOUNT #** _____

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

For water/sewer payments: I (we) understand that my/our account will be debited on the **due date of each bill of each quarter.**

For tax payments: I (we) understand that my/our account will be debited on the **5th of each quarter or the next business day** thereafter.

NAME(S): _____

PHONE #: _____

EMAIL ADDRESS: _____ *(Please Print Clearly)*

WATER ACCOUNT #: _____

BLOCK/LOT: _____

I would like to set up Direct Debit for **(check all that apply)**
WATER/SEWER _____ **TAXES** _____

DATE _____

SIGNATURE _____

*****PLEASE RETURN THIS FORM & A VOIDED CHECK TO:
THE COLLECTIONS DEPARTMENT, 2700 ALLAIRE RD, WALL TOWNSHIP, NJ 07719**