AUTHORIZATION AGREEMENT FOR ACH DEBITS FOR TAXES AND/OR WATER/SEWER

PLEASE CHECK ONE: Enroll _____ Withdraw____Change Bank Account _____
This is for: Taxes_____ Water/Sewer _____

_____ Phone: _____
Customer Name (as on our records)

_____
Mailing address

_____
City, State, Zip code

PROPERTY ADDRESS IN SEA GIRT: _____

Block No. _____ Lot No. _____

I, (We), the undersigned, hereby authorize the Borough of Sea Girt to initiate debit entries and/or correction entries to our account at the bank/depository named below.

****BANK NAME & BRANCH ADDRESS:** _____

Check a/c ____ _____
Savings a/c ____

_____

****ACCOUNT NUMBER:** _____

****BANK TRANSIT/ROUTE/ABA#** _____

(**or you may attach a "voided" blank check)

This authorization is to remain in full force until the Borough of Sea Girt has received **written** notification from me (or either of us) of its termination at least 30 days before the next billing date due.

Signature _____ Date _____

Signature _____ Date _____