AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Select One: ___ Enrollment ___ Change

transfer funds from my (or made in error to my (or	our) acco ar) accou bit and/o	unt or initiate int indicated or credit the s	e if necessary, below at the ame to such a	ASANT, (the "Company"), to initiate debit entries to credit entries and adjustments for any debit entries depository financial institution named below (the account. I (we) acknowledge that ACH transactions applicable U.S. law.		
This a	uthoriza	tion is for an a	amount as bill	ed to me on a recurring basis for:		
		TAXES		WATER/SEWER		
Depository/Bank:						
Branch:			Phone#	Phone#		
City:			State: Zip:			
Routing Number:			Account N	_ Account Number:		
This electronic debit will be	e processe	d on the due d	ate or the next	business day if the due date is a holiday or weekend.		
				npany has received written notification from me (or either prior to the proposed effective date of the termination of		
Property Location:						
Block:	Lot		Water/S	ewer Account #:		
E-Mail Address:			Phon	e#:		
Name:			Name	:		
(Please Print)			(Please	e Print)		
Signature:			Signa	ture:		

ATTACH YOUR VOIDED CHECK HERE

Mail or Drop-Off to:

Borough of Point Pleasant-Tax Collector 2233 Bridge Ave, Point Pleasant, NJ 08742 732-892-3434

OFFICE USE ONLY	EFFECTIVE DATE TAX:	EFFECTIVE DATE W/S:
OFFICE USE ONLY	EFFECTIVE DATE TAX:	EFFECTIVE DATE W/S: