

Borough of Sea Girt
321 Baltimore Blvd, PO Box 296 Sea Girt, NJ 08750
(732) 449-9433 EXT 110

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

**I (we) hereby authorize the Borough of Sea Girt 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/Bank: _____

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

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

Type of account: Checking Savings

Enrollment

Withdraw

Change Bank Account

TAXES

WATER & SEWER

**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.**

Sea Girt Property Address: _____

Block/Lot/Qualifier: _____

E-mail Address: _____

Phone Number: _____

Signature: _____ **Date:** _____

PLEASE ATTACH A VOIDED CHECK