



---

## Authorization Agreement for ACH Direct Withdrawals For Property Tax Payments and Water / Sewer Utility Payments

Resident: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qual: \_\_\_\_\_

Acct #: \_\_\_\_\_

I (we) hereby authorize the Borough of Oakland, to initiate debit entries to my (our) checking or savings account indicated below at the depository financial institution named below, hereinafter 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.

I (we) request that the Borough of Oakland process payments for the following:

Please check all that apply: \_\_\_\_\_ Quarterly Taxes \_\_\_\_\_ Water / Sewer Payments

Depository Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

Name(s) (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



---

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. INSUFFICIENT OR RETURNED ITEMS ARE SUBJECT TO A \$20.00 FEE PER ORDINANCE.

WITHDRAWALS FOR UTILITY BILLS WILL BE MADE 1- 2 WEEKS PRIOR TO THE DUE DATE ON THE BILL TO ALLOW FOR PROCESSING AND TO PROVIDE TIME TO ADDRESS ANY INSUFFICIENT FUNDS OR RETURNED ITEMS.

WITHDRAWALS FOR TAX BILLS WILL BE MADE ON THE DAY TAXES ARE DUE TO ALLOW FOR PROCESSING AND TO PROVIDE TIME TO ADDRESS ANY INSUFFICIENT FUNDS OR RETURNED ITEMS WITHIN THE 10 DAY GRACE PERIOD.

PLEASE NOTE THAT ORIGINAL REAL ESTATE TAX / UTILITY BILLS WILL STILL BE MAILED TO OWNER FOR ADVICE PURPOSES ONLY.

ATTACH YOUR PERSONALIZED VOIDED CHECK HERE AND RETURN TO:

Borough of Oakland  
ATTN: Tax Collector  
1 Municipal Plaza  
Oakland, NJ 07436