## Township of Ocean Tax/Utilities Billing Department

Tax/Utilities Billing Department 609 693-3302 ext. 226 609 242-8672 - fax

## Authorization Agreement for ACH Direct Withdrawals For Tax & Water/Sewer Payments to be withdrawn by the Township of Ocean

		,		
!	Select One:	Enrollment	Change	
I (we) hereby authorize the TOWNSHIP OF OCEAN, to initiate debit entries to my (our) checking account indicated below and I hereby authorize the depository named below, herein after called DEPOSITORY, to debit the same such account.				
This authorization is for an amount as billed to me on a recurring basis for:				
	TAXES	_	WATER/SEWER	
This electronic del date is a holiday o	_	ssed on the due dat	e or the next business day if	f the due
Township of Oce such time and in prior to its receip	ean has receive such manner a ot.	ed written notificates to afford TOWNS	nain in full force and o ation from me of its terr SHIP OF OCEAN and the D	mination in EPOSITORY
			wer Account#:	
Email Address:		Phone	#:	
Name: (Please Print)		Signature:		
	ATTACH	YOUR VOIDED	CHECK HERE	
		Mail or Drop Off ownship of Ocean-T Iroad Ave, Waretow	ax Collector	

**OFFICE USE ONLY** 

**EFFECTIVE DATE W/S:** 

**EFFECTIVE DATE TAX:** 



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