

DIRECT DEBIT AUTHORIZATION FOR TAX/UTILTIY PAYMENTS

PROPERTY ACCOUNT INFORMATION (Please Print)

NAME _____

PROPERTY LOCATION _____

BLOCK _____ LOT _____ QUALIFIER _____

WATER/SEWER ACCOUNT NUMBER _____

BANK ACCOUNT INFORMATION

FINANCIAL INSTITUTION NAME _____

ROUTING (ABA) NUMBER _____

ACCOUNT NUMBER _____

ACCOUNT TYPE CHECKING _____ SAVINGS _____

FOR ACCOUNT VERIFICATION PURPOSES, PLEASE ATTATCH A VOIDED CHECK OR A VOIDED SAVINGS DEPOSIT SLIP.

DIRECT DEBIT AUTHORIZATION

I hereby authorize the Borough of Longport to debit my checking or savings account each quarter (February, May, August, and November) for the payment of Property Taxes on the property listed above. Payments will be debited on the 5th (or next business day if the 5th is a holiday or weekend) Water and Sewer Payments will be withdrawn 5 days prior to the end of the payment grace period.

Signature _____ Date _____

Print Name _____

Please notify me via email prior to my direct debit YES _____ NO _____

Email _____

Complete this form and mail to the address above. Your account will be pre-noted to verify account accuracy prior to the first actual debit to your account.