



Cancellation of Direct Withdrawal

**PLEASE RETURN THIS FORM TO THE TAX COLLECTOR'S OFFICE AT THE ADDRESS LISTED BELOW
A MINIMUM OF 15 DAYS PRIOR TO THE NEXT SCHEDULED WITHDRAWAL DATE.**

You will receive notification via phone/email or regular mail that your request to cancel your Direct Withdrawal payment(s) has been received and processed. By signing this form below, you acknowledge that it is your responsibility to follow up with this office to ensure your request was received and processed within the required 15-day deadline.

NAME _____

MAILING ADDRESS _____

PROPERTY LOCATION: _____

BLOCK _____ LOT _____ QUALIFIER # (if applicable): _____

I would like to discontinue direct withdrawal payment for (check all that apply):	
<input type="radio"/> Property Tax payment	<input type="radio"/> Utility Payment: Provide Utility Account ID#:

Daytime Phone# _____ Evening# _____

Email Address _____

I hereby authorize the Township of Aberdeen Tax and Utility Collector's Office (or acting agents) to cancel the direct withdrawal payment from my checking/savings account. This authorization serves as written notice from me to terminate enrollment in the Township of Aberdeen's direct withdrawal program. The Township of Aberdeen is not responsible for any charges imposed by your bank as a result of the cancellation of this service. I acknowledge that I/we acknowledge that I/we are responsible for all payments due in connection with the cancellation of this agreement including, but not limited to future tax and sewer charges.

Authorized Signature

Authorized Signature (Joint Account)

**PLEASE MAIL COMPLETED FORM TO:
ABERDEEN TOWNSHIP TAX COLLECTOR
1 ABERDEEN SQUARE
ABERDEEN, NJ 07747**

**FORM MAY BE EMAILED OR SENT VIA FAX TO:
Email: Marie.Taylor@aberdeennj.org
Fax: 732-583-7204
Phone: 732-583-4200 ext. 137**

For office use only:

DATE RECEIVED IN OFFICE:	
DATE PROCESSED BY OFFICE:	
DATE CONFIRM SENT/METHOD:	