



## ***Direct Debit Authorization Application and Agreement.***

### **SELECT ONE: NEW AUTHORIZATION CHANGE BANK ACCOUNT INFORMATION**

I authorize the Township of Aberdeen Tax and Utility Collector's Office (or acting agents) to debit the below specified bank account for my tax bills and/or my utility (water/sewer/fire protection) bills. Such debit entries will take place quarterly on February 1<sup>st</sup>, May 1<sup>st</sup>, August 1<sup>st</sup> and November 1<sup>st</sup> or the next business day if the 1<sup>st</sup> falls on a holiday/weekend. I understand that there will be a \$20.00 charge for any debits that are returned unpaid and that my tax and/or sewer account must be current with a zero balance to be approved. By signing below, I acknowledge that is my responsibility to keep my bank account information and contact information (mailing address/phone number/email address) up to date with the Aberdeen Township Tax and Utility Collector's Office.

**YOU WILL RECEIVE AN EMAIL CONFIRMATION FROM THIS OFFICE ONCE YOUR APPLICATION FOR DIRECT WITHDRAWAL HAS BEEN ACCEPTED AND PROCESSED. IT IS THE RESPONSIBILITY OF THE APPLICANT TO FOLLOW UP WITH OFFICE TO ENSURE THEIR REQUEST HAS BEEN RECEIVED AND PROCESSED FOR TIMELY PAYMENT OF UPCOMING QUARTER. THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE TOWNSHIP OF ABERDEEN HAS RECEIVED WRITTEN NOTIFICATION FROM ME(US) OF ITS TERMINATION A MINIMUM OF FIFTEEN DAYS PRIOR TO THE NEXT SCHEDULED WITHDRAWAL. PLEASE SEE "CANCELLATION OF DIRECT WITHDRAWAL" FORM ON THE TAX COLLECTOR OR UTILITY BILLING PAGE OF OUR WEBSITE.**

*I (WE) authorize the Township of Aberdeen to initiate debit entries to my (our) account indicated below.*

NAME \_\_\_\_\_ Date \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUALIFICATION \_\_\_\_\_

### **SELECT ACCOUNTS FOR DIRECT WITHDRAWAL:**

PROPERTY TAX  UTILITY (WATER/SEWER/FIRE PROTECTION)

PROPERTY LOCATION: \_\_\_\_\_

UTILITY ACCOUNT ID NUMBER (if applicable): \_\_\_\_\_

Type of account to debit: (check one) \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Bank Account Number \_\_\_\_\_

ABA ROUTING TRANSIT NUMBER \_\_\_\_\_

**\*ATTACH A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT TICKET WITH FORM\***

Daytime Phone# \_\_\_\_\_ Evening# \_\_\_\_\_

Email Address \_\_\_\_\_

Authorized Signature/Date \_\_\_\_\_

Authorized Signature (Joint Account)/Date \_\_\_\_\_

**PLEASE MAIL COMPLETED FORM TO:**

ABERDEEN TOWNSHIP TAX COLLECTOR  
1 ABERDEEN SQUARE  
ABERDEEN, NJ 07747

Phone: 732-583-4200 ext. 137  
Fax: 732-583-7204  
Email: [Marie.Taylor@aberdeennj.org](mailto:Marie.Taylor@aberdeennj.org)