

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

I (we) authorize the CITY OF JERSEY CITY/ TAX OFFICE, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U. S. Law

**\*\* COPY OF VOIDED CHECK IS REQUIRED WITH THIS FORM \*\***

NAME OF BANK \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

This authorization is to remain in full force and the effect until the Company has received written notification for me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act in.

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PROPERTY LOCATION \_\_\_\_\_ BLOCK/LOT # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

• NOTE: WRITTEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION •

You can mail/e-mail form to [amatom@tcnj.nj.gov](mailto:amatom@tcnj.nj.gov) IF YOU SELL YOUR PROPERTY YOU MUST CALL AND CANCEL YOUR ACH AT #201-547-5125 Thank You, Maryann Amato  
Jersey City Tax Department ~ 280 Grove Street Room 101 ~ Jersey City, N.J. 07302