

**Authorization Agreement for ACH Direct Withdrawals
For quarterly property tax payments**

COMPANY NAME: Borough of Haworth

Date: _____

Check One:

New Authorization

Authorization to Transfer to Another Depository

Change of Account Number

Cancellation

I (we) hereby authorize the Borough of Haworth, hereafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and I (we) hereby authorize the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA No. _____ Account No. _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by the COMPANY or the DEPOSITORY prior to its receipt.
The bank or financial depository information provided in this form by the taxpayer shall remain confidential from all other sources and used solely for the purposes described in this form.

*******PLEASE TYPE OR PRINT CLEARLY*******

Name(s) _____

Block/Lot _____ Property Address _____

Mailing Address (if different from above) _____

Day Time Telephone _____

E-Mail Address _____

Signature _____ Signature _____

***NEW ENROLLMENTS & CHANGES MUST BE RECEIVED AT LEAST
TWO WEEKS PRIOR TO PAYMENT DUE DATES TO ALLOW PROCESSING TIME***

PLEASE ATTACH YOUR PERSONALIZED VOIDED CHECK

***Return to the Borough of Haworth
Attn: Tax Collector
300 Haworth Ave, Haworth, NJ 07641
201-384-0450 ext. 21***