



Block _____ Lot _____ Qual. _____

AC Number _____ Phone # _____

E-Mail Address: _____
New: _____ Change _____

Authorization Agreement for Direct Payments of Quarterly Taxes
(ACH Debits)

Name: Township of Brick Taxpayer: _____

I (we) hereby authorize the Township of Brick, 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 to such account. I (we) acknowledge that the origination of ACH transactions to
my (our) account must comply with the provisions of US law.

Depository Name: _____ Branch: _____

City: _____ State _____ Zip _____

Routing Number: _____ Account Number _____

This authorization is to remain in full force and effect until the Township of Brick has
received written notification from me (or either of us) of its termination in such time
and in such manner as to afford the Township of Brick and Depository a reasonable
opportunity to act on it.

Name(s) – (Please print) _____

_____ Date

_____ Signature

**NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT RECEIVER MAY
REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE
ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**INSUFFICIENT OR RETURNED ITEMS ARE SUBJECT TO A \$20.00 FEE
PER ORDINANCE #501-A-92.**

Please attach VOIDED check here:

Empty rectangular box for attaching a voided check.