

CITY OF NORTHFIELD
DIRECT DEBIT (ACH) AUTOMATED CLEARING HOUSE PAYMENT
AUTHORIZATION FORM

We are pleased to offer you a new service—the Direct Debit Payment Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps you pay your bills in a convenient and timely manner – even if you're out of town. **There is no fee for this service.**
- Your payment is always on time.

All you need to do is:

1. Check the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and information as indicated.
3. **Attach a voided check or savings deposit ticket.**

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE CITY OF NORTHFIELD HAS RECEIVED WRITTEN NOTIFICATION FROM ME (US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD CITY OF NORTHFIELD A REASONABLE OPPORTUNITY TO ACT ON IT.

I (WE) UNDERSTAND THE PAYMENT WILL BE PROCESSED APPROXIMATELY ON THE THIRD DAY OF THE MONTH IN WHICH TAXES BECOME DUE.

I (WE) UNDERSTAND THAT A HANDLING FEE OF \$20.00 WILL BE CHARGED FOR EACH PAYMENT THAT CANNOT BE PROCESSED DUE TO NSF, INACTIVE ACCOUNTS, ETC.

I (WE) authorize City of Northfield to initiate debit entries to my (our) account indicated below.

NAME _____

MAILING ADDRESS _____

This authorization is for payment of my property tax bill.

BLOCK _____ LOT _____ QUALIFICATION _____

PROPERTY LOCATION: _____

DEBIT FOR: TAXES _____ SEWER _____ BOTH _____

**** Please attach a listing of block and lot numbers if you need want to pay on additional properties.**

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

Financial Institution Name _____

Bank Account Number _____

ABA ROUTING TRANSIT NUMBER _____

Daytime Phone# _____ Evening# _____

Email Address (Optional): _____

Authorized Signature

Authorized Signature (Joint Account)

**PLEASE MAIL COMPLETED FORM TO:
CITY OF NORTHFIELD TAX COLLECTOR
1600 SHORE ROAD
NORTHFIELD, NJ 08225**

**Phone: 609-641-2832 ext- 126 or 127
Fax: 609-646-7175
Email: mkirtsos@cityofnorthfield.org**

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