AUTHORIZATION AGREEMENT FOR DIRECT WITHDRWALS AUTOMATED CLEARING HOUSE

I (we) authorize the CITY OF JERSEY CITY TAX OFFICE, hereinafter called COMPANY, to initiate withdrawal entries from my (our) checking account or savings account indicated below at the depository financial institution named below, hereinafter called depository, and to bill 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.

*** IN THE EVENT THAT THE PROPERTY IS SOLD PLEASE EMAIL THIS OFFICE TO REMOVE THE ACH AT VFORESTER@JCNJ.ORG***

agreement. ***

Note written debit authorization must provide that the receiver may revoke the authorization only by notifying the organization in the manner specified in the authorization*

COPY OF VOIDED CHECK IS REQUIRED WITH THIS FORM

NAME OF BANK		ADDRESS		_
CITY	STATE		_ZIP CODE	
ROUTING #	ACCOUNT	Γ#		
PLEASE CIRCLE ONE		CHECKING/SAVINGS		
ΓAX PAYER'S NAME ON BANK ACCOUNT		SIGNATURE		
PHONE#		Block #		
EMAIL ADDRESS			Qualifier #	
		Tax Account #	:	
***This Authorization is to remain	in full force and effect until	the Company has receive	ed written notification from me (or us)	of its

termination in such time and in such manner as to afford the Company and Depository a reasonable opportunity to terminate the