

**TOWNSHIP OF UPPER
AUTHORIZATION OF DIRECT WITHDRAWAL**

Please check the appropriate line;

_____ Initial Authorization _____ Change of Account Number or Financial Institute

PLEASE PRINT

PROPERTY INFORMATION:

Block _____ Lot _____ Qualifier _____

Property Owner _____

Property Location _____

Mailing Address (if different) _____

Phone Number(s) _____

Email _____

PREFERRED METHOD OF CONTACT (CHECK ONE OR BOTH)

Email ___ Text ___

BANK INFORMATION

Bank Name _____

9 Digit Routing Number (located on check) _____

Account Number (Checking) _____ (Savings) _____

You must attach a voided check for the account that you wish to have debited for the purpose of verifying the banks routing and account number.

Name of Account Holder(if not property owner) _____

AUTHORIZATION

I authorize the Township of Upper to debit the account-identified quarterly for Property Taxes. Payments will be debited from the account on the 3rd of the month that taxes are due (February, May, August, and November). If the 3rd day occurs on a weekend or holiday the payment will be effective the next business day. Applications must be received at least 10 days prior to the date of the next payment. Taxes must be current in order to sign up for this service.

This authorization shall remain in full force **until** I cancel it in writing by sending my notice at least 30 days prior to the date of next scheduled debit.

Date

Signature of Account Holder

Mail completed form & attachment to:

Township of Upper PO Box 216
Tuckahoe NJ 08250
(609)628-2804

Any questions – please call

rsharp@uppertownship.com