

**Authorization Agreement for ACH Withdrawals
For quarterly Utility payments**

Company Name: Township of Mahwah

Date: _____

Check One:

New Authorization

Authorization to Transfer to Another Depository

Change of Account Number

Cancellation

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

Depository Name _____

Check One: **Savings** _____ **Checking** _____

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 DEPOSITARY 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 DEPOSITARY 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) _____

Property Location _____

Mailing Address (if different from above)

Account # _____

Block & Lot _____ **Day Time Telephone** _____

E-Mail Address _____

Signature _____ **Signature** _____

ATTACH YOUR PERSONALIZED VOIDED CHECK HERE

**RETURN TO THE TOWNSHIP OF MAHWAH
MAHWAH WATER DEPARTMENT
P.O. BOX 733, MAHWAH NJ 07430
201-529-5757 EXT 221, 222**

TENANTS: Please be aware that we will not refund overpayments –contact the owner for reimbursement.