

BOROUGH OF BERNARDSVILLE
APPLICATION FOR DIRECT DEBIT
FOR SEWER CHARGES

Please complete the form below listing the name of your bank after "Bank Name", the branch at which you usually bank, the bank's city, state and zip code. Print your bank's routing number (which can be found on the bottom of your check. It is the 9 digit number preceding your account number) and your account number from where you want the funds to be debited. Print your name and date and sign the form.

****Please note that payment will be debited from the requested account on the fifteenth (15th) of the month that charges are due (April 15th & October 15th respectively). (Should the 15th fall on a weekend, payment will be debited on the next business day.)**

Insufficient funds on the date of withdrawal will be treated as a returned check and an NSF fee of \$20.00 will be charged.

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (ACH Debits)

Name _____ Block & Lot _____

Property Location: _____

I (we) hereby authorize THE BOROUGH OF BERNARDSVILLE to initiate DEBIT entries to my (our) Checking Account indicated below at the financial institution named below, hereafter called FINANCIAL INSTITUTION, 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 U.S. law.

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until THE BOROUGH OF BERNARDSVILLE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford THE BOROUGH OF BERNARDSVILLE and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name(s) _____
(Please Print)

Date _____ Signature _____