



**MOUNT HOLLY TOWNSHIP  
AUTHORIZATION AGREEMENT FOR DIRECT DEBIT PAYMENTS  
(ACH DEBIT) FOR PROPERTY TAX PAYMENTS**

**CHECK ONE:** \_\_\_New Authorization \_\_\_Change Account Number or Depository \_\_\_Cancellation

I (we) hereby authorize the TOWNSHIP OF MOUNT HOLLY, to initiate debit entries to my (our) checking account at the depository financial institution named below, hereafter called depository, 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 provision of U.S. Law.

**DEPOSITORY NAME** \_\_\_\_\_  
**BRANCH** \_\_\_\_\_  
**TOWNSHIP** \_\_\_\_\_  
**STATE** \_\_\_\_\_  
**ZIP** \_\_\_\_\_

**\*\*MUST INCLUDE A VOIDED CHECK**

**ROUTING #** \_\_\_\_\_  
**ACCOUNT #** \_\_\_\_\_

This authorization is to remain in full force and effect until the Township has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Township and Depository a reasonable opportunity to act on it. I (we) agree to pay a fee of \$20.00 for each debit returned unpaid. Mount Holly Township reserves the right to cancel authorization if more than two debits are returned unpaid. I (we) acknowledge that I (we) am/are responsible for all fees in connection with the transaction or cancellation thereof in connection with this agreement. I (we) agree to hold the Township harmless from and against all claims arising out of this agreement. I (we) acknowledge that I (we) am/are the only owners of the account listed above. No other individuals have any rights to the account listed above.

**Tax Payments:** I (we) understand that my/our account will be debited on the 1<sup>st</sup> of each quarter or the next business day thereafter if the 1<sup>st</sup> should fall on a weekend, holiday or a day the Township is otherwise closed.

**NAME(S)** \_\_\_\_\_  
**PROPERTY LOC** \_\_\_\_\_  
**MAILING ADDRESS** \_\_\_\_\_  
**BLOCK/LOT/QUAL** \_\_\_\_\_  
**DAYTIME PHONE #** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_  
**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**PLEASE RETURN THIS FORM & A VOIDED CHECK TO THE TAX COLLECTORS OFFICE, 23 WASHINGTON STREET, MOUNT HOLLY NJ 08060**

**\*FORMS NOT FULLY COMPLETED, DATED AND SIGNED, OR LACKING A VOIDED CHECK, WILL BE RETURNED FOR COMPLETION AND MAY RESULT IN A DELAY IN PROCESSING YOUR REQUEST.**