



# TOWNSHIP *of* MORRIS

## NEW JERSEY

The Township now additionally offers direct withdrawal for tax and sewer payments. There is no fee for this service. Payments for quarterly property taxes will be debited from your account on the payment due dates of February 1, May 1, August 1 and November 1. Payments for sewer will be debited from your account on the payment due dates of April 1 and October 1. Your application must be received in the Tax Office no later than 30 days prior to the due date. Please note, this authorization is to remain in full force and effect until the Township of Morris has received written notification from the applicant of its termination a minimum of thirty days prior to the next withdrawal.



# TOWNSHIP of MORRIS NEW JERSEY

## AUTHORIZATION AGREEMENT FOR ACH DIRECT WITHDRAWALS

Check one or all that apply: \_\_\_\_\_ Tax \_\_\_\_\_ Sewer

I hereby authorize the Township of Morris, to initiate debit entries to my (our) checking account indicated below and I hereby authorize the depository named below, hereinafter called DEPOSITORY, 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 US law. All ACH debits will be withdrawn from the accounts on the due date of the bill. \_\_\_\_\_ Initial

Depository Name:	
Branch:	
City/State/Zip:	
Routing Number	
Account Number	

This authorization is to remain in full force and effect until the Township of Morris has received **written notification** of termination a minimum of thirty days prior to the next withdrawal. If any debit entry is denied by the above named depository for non-sufficient funds, your account will be charged a fee of \$20.00.

Date:	Phone Number:
E-mail:	
Print Name:	
Signature:	

**ATTACH A VOID CHECK TO FORM**

Block	Lot	Sewer Account #:
Address:		



# TOWNSHIP *of* MORRIS NEW JERSEY

## TERMINATION OF ACH DIRECT WITHDRAWALS

Please cancel ACH direct withdrawal on the following accounts (check one or all that apply):

\_\_\_\_\_ Tax

\_\_\_\_\_ Sewer

Block	Lot	Sewer Account #:
Address:		

Date:	Phone Number:
E-mail:	
Print Name:	
Signature:	

\*Termination request must be submitted in writing a minimum of thirty days prior to the next withdrawal.