

Tax 1<sup>st</sup> Qtr- Feb 4<sup>th</sup>  
Tax 2<sup>nd</sup> Qtr May 4<sup>th</sup>  
Tax 3<sup>rd</sup> Qtr Aug 4<sup>th</sup>  
Tax 4<sup>th</sup> Qtr Nov 4<sup>th</sup>

Sewer 1<sup>st</sup> Qtr- Apr 4<sup>th</sup>  
Sewer 2<sup>nd</sup> Qtr July 6<sup>th</sup>  
Sewer 3<sup>rd</sup> Qtr Oct 4<sup>th</sup>  
Sewer 4<sup>th</sup> Qtr Jan 4<sup>th</sup>

**TOWNSHIP OF DELRAN**  
**DIRECT DEBIT (ACH) AUTOMATED CLEARING HOUSE PAYMENT**  
**AUTHORIZATION FORM**

We are pleased to offer you a new service—the Direct Debit Payment Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

**The Direct Payment Plan will help you in several ways:**

- It saves time – fewer checks to write and mail.
- Helps you pay your bills in a convenient and timely manner – even if you're out of town.
- Your payment is always on time.
- It saves postage – many people spend close to \$100 a year on postage
- It's easy to sign up for, easy to cancel
- No late charges

**All you need to do is:**

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and date.

**Choose one or both**

Tax\*  Sewer

\*Do not choose tax if a mortgage company escrows your taxes.

**This authorization is to remain in full force and effect until the Township of Delran has received written notification from me (us) of its termination in such time and in such manner as to afford Delran Township a reasonable opportunity to act on it. I (we) understand the payment will be processed approximately on the fourth of the month in which taxes become due.**

I (WE) authorize Delran Township to initiate debit entries to my account indicated below.

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUALIFIER \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

Type of account to debit: (check one)  Checking (**Attach a voided check**)  
 Savings (**Attach a savings deposit ticket.**)

Bank Name \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Daytime Phone# \_\_\_\_\_ Evening# \_\_\_\_\_

Email Address \_\_\_\_\_

Authorization for email reminder of when payment will be withdrawn.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature (Joint Account)

**PLEASE MAIL COMPLETED FORM TO:**  
**TAX COLLECTOR (ACH)– 900 Chester Ave, Delran, NJ 08075**

**FORM MUST BE RETURNED AT LEAST 15 DAYS BEFORE THE DUE DATE.**