



Borough of Avalon Tax Collector's Office
Direct Debit Authorization Application and Agreement

I authorize the Borough of Avalon Tax Collector's Office (or acting agents) to debit the below specified bank account for my tax bills and/or my water and sewer bills. I understand that there will be a \$20.00 charge for any debits that are returned unpaid and that my tax and/or water sewer account must be current with a zero balance to be approved. I will keep my information up-to-date with the Borough of Avalon Tax Collector's Office.

Your Borough of Avalon Account Information

Tax Block/Lot/Qual and/or Water 10 Digit account _____

Owner's Name _____

Property Address _____

Mailing Address _____

Telephone Number _____ Cell Number _____

Email Address _____

I would like to sign up for direct debit of my Tax Bills Water & Sewer Bills (Please check one or both)

Your Bank Account Information

REQUIRED: Include a voided check from your account or a letter from your bank.

9-Digit Routing Number _____

Bank Account Number _____

Name of Bank _____

Bank Account Type: Checking Savings

I agree that my bank account will be debited quarterly on February 1st, May 1st, August 1st and November 1st for tax bills and January 1st, April 1st, July 1st and October 1st for water and sewer bills, for the total amount due on my bills. In the event that the debit date occurs on a bank holiday, my account will be debited on the next business day. My authorization will remain in effect until I notify the Borough of Avalon Tax Collector's Office in writing. I agree to contact the Tax Office, in writing, with any change of ownership to the property. I am aware that I must notify the Borough of Avalon Tax Collector's Office immediately of any and all changes to my bank account information to avoid any problems with the direct debit. I will be notified prior to the first direct withdrawal and will thereafter expect my account to be debited on the above outlined dates. I acknowledge that after the first notification of direct withdrawal I will not receive any further notifications from the Borough of Avalon.

Print Name _____

Authorized Signature _____

Date _____

Please mail or fax this completed form and the voided check to the Borough of Avalon Tax Collector's Office as soon as possible so we may process your application and sign you up for the next billing. If you have any questions, please contact our office.