



## Borough of Avalon Tax Collector's Office

3100 Dune Drive Avalon, NJ 08202

### 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. I understand that there will be a \$20.00 charge for any debits that are returned unpaid and that my tax 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.

☐

Initial Authorization

☐

Change of Account Number or Financial Institute

### Your Borough of Avalon Account Information

Tax Block/Lot/Qualifier

Account Number \_\_\_\_\_ or \_\_\_\_\_

Owner's Name \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mobile Number \_\_\_\_\_

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

I would like to sign up for Direct Debit of my ☐ Tax Bills ☐ Water/Sewer Bills

### 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: \_\_\_\_\_

**Borough of Avalon - Tax Collectors Office**

**3100 Dune Drive Avalon, NJ 08202**

**Phone: (609) 967-4045**

**Email: [avalontaxoffice@avalonboro.org](mailto:avalontaxoffice@avalonboro.org)**

Please mail or email 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.