City Of Lambertville

18 York Street Lambertville, NJ 08530 Phone (609) 397-0801 Fax (609) 397-2203

Authorization Agreement for ACH Direct Withdrawals For Property Tax Payments

Company Name: City of Lambertville Date:
Check One: ☐ New Authorization ☐ Cancellation
☐ Authorization to Transfer to Another Depository
☐ Change of Account Number
Authorization For: Property Tax Quarterly payments (February 1st, May 1st, August 1st and November 1st)
I (we) hereby authorize the City of Lambertville, hereafter called COMPANY, to initiate debit entries to my (our) checking/saving account indicated below and I (we) hereby authorize the depository named below, herein after called DEPOSITORY, to debit the same to such account. I (we) agree that all insufficient funds will incur a \$25 returned check fee and the COMPANY reserves the right to cancel this authorization if more than two debits are returned unpaid.
DEPOSITORY NAME:
ACCOUNT TYPE: Checking Savings
BANK ROUTING (ABA): ACCOUNT NO
I (we) certify that this is an account in good standing and that I (we) am/are authorized to initiate this transaction. This authority is to remain in full force and effect until COMPANY has received written notification from me (we) of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by the COMPANY or the DEPOSITORY prior to its receipt.
OWNER NAME(s):
BLOCK NO.: LOT NO
PROPERTY ADDRESS:
MAILING ADDRESS:
CITY:STATE:ZIP CODE
DAYTIME PHONE NO.:E-MAIL:
SIGNATURE:SIGNATURE:(Joint Account)

The bank or financial depository information provided in this form by the taxpayer shall remain confidential from all other sources and used solely for the purposes described in this form.

ATTACH YOUR PERSONALIZED VOIDED CHECK HERE

Return To: Tax Collector City of Lambertville 18 York Street, Lambertville, NJ 08530 T: 609.397.0801