



*Authorization Agreement for ACH Direct Withdrawals
For quarterly property tax payments*

Check One:

_____ New Authorization _____ Authorization to Transfer to Another Depository
_____ Change of Account Number _____ Cancellation

I (we) hereby authorize the Borough of Alpine, hereafter called COMPANY, 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.

Depository Name _____
Branch _____
City _____ State _____ Zip _____
Transit/ABA No. _____ Account No. _____

This authority is to remain in full force and effect until COMPANY has received written notification from me 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.

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.

*******PLEASE TYPE OR PRINT CLEARLY*******

Name(s) _____
Property Location _____
Mailing Address (if different from above) _____
Block & Lot _____ Daytime Telephone _____
E-mail Address _____ Date _____
Signature _____ Signature _____

PLEASE ATTACH YOUR PERSONALIZED VOIDED CHECK

*Return to the Borough of Alpine
Attn: Tax Collector
100 Church Street
Alpine, NJ 07620
(201) 784-2900 x-20*