

**SANDYSTON TOWNSHIP
AUTHORIZATION OF ELECTRONIC PAYMENTS**

Please check the appropriate line:

_____: Initial Authorization _____: Change of Account Number or Financial Institution

PLEASE PRINT

Property Information:

Block _____ Lot _____ Qualifier _____

Property Location _____

Mailing Address (if different). _____

Phone Number(s) _____

Email _____

Bank Information:

Bank Name _____

9 Digit Routing Number (located on check). _____

Account Number (Checking) _____ (Savings) _____

Authorization:

I authorize the Township of Sandyston Township to debit the account-identified quarterly for Property Taxes. Payments will be debited from the account on the third (3rd) of the month that taxes are due (February, May, August and November). If the third (3rd) day occurs on a weekend or holiday the payment will be effective the next business day. Applications must be received at least ten (10) days prior to the date of the next payment.

Please attach a voided check on the account that you wish to have debited for the purpose of verifying the Bank's routing number and the account number.

This authorization shall remain in full force until I cancel it in writing by sending my notice at least 10 days prior to the date of the next scheduled debit.

Signature of Account Holder

Date

Mail completed form and attachment to:

Sandyston Township, Tax Collector
133 Route 645
Sandyston, NJ 07826

Any questions please contact us at

973-948-3520 Ext. 202