

**Authorization Agreement for ACH Direct Withdrawals
For Quarterly Property, tax payments**

Company Name: Township of Livingston **Date:** _____

Check One:

_____ **New Authorization** _____ **Authorization to Transfer to Another Depository**

_____ **Change of Account Number** _____ **Cancellation**

I (we) hereby authorize the Township of Livingston, 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 of 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.

Name(s) _____

Property Location _____

Mailing Address (if different from above) _____

Block & Lot _____ **Day Time Telephone** _____

E-Mail Address _____

Signature _____ **Signature** _____

ATTACHED YOUR PERSONALIZED VOIDED CHECK HERE

**RETURN TO THE TOWNSHIP OF LIVINGSTON
TAX COLLECTORS OFFICE
357 SO LIVINGSTON AVE
LIVINGSTON, NJ 07039
973-535-7986**