

# City of Brigantine

## Direct Debit (ACH) Automated Clearing House Payment Authorization Form and Text/Email Reminder Notice

We are pleased to offer you a new service- the Direct Debit Payment Plan. Now you can have your payment deducted automatically from your checking account. **There is no fee for this service.** You won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

\*It saves time & postage, fewer checks to write and mail.

\*Helps you pay your bills in a convenient and timely manner, even if you are out of town.

\* It's easy to sign up

This authorization is to remain in full force and effect until the City of Brigantine has received written notification from me (us) of its termination in such time and such manner as to afford the City of Brigantine a reasonable opportunity to act on it.

I (we) understand that the payment will be processed approximately on the first day of the month in which taxes or water & sewer become due.

I (we) understand that a handling fee of \$20.00 will be charged to me (us) for each payment that cannot be processed due to NSF, Inactive accounts, etc.

I (we) authorize the City of Brigantine to initiate debit entries to my (our) account indicated below:

Name \_\_\_\_\_

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

**CHECK THE FOLLOWING: SIGN ME UP FOR [ ] ACH TAX [ ] ACH WATER/SEWER [ ] REMINDER NOTIFICATIONS ONLY**

**This authorization is for payment of my property TAX BILL that is not escrowed through Mortgage Company:**

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification \_\_\_\_\_

Property Location \_\_\_\_\_

**\*\*Please attach a listing of block & lot numbers for any additional properties that you wish to pay.**

**This authorization is for payment of my WATER/SEWER BILL:**

Water/Sewer account # \_\_\_\_\_

Type of account Checking Only:

Financial Institution (Bank) Name: \_\_\_\_\_

Bank Account Number \_\_\_\_\_

ABA Routing Transit Number \_\_\_\_\_ must provide copy of voided check

Cellular Phone# \_\_\_\_\_

Email Address (PLEASE PRINT CLEARLY) \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature (Joint Account)

Please mail completed form to:

City of Brigantine Tax Collector  
1417 W Brigantine Ave.  
Brigantine, NJ 08203

**\*Please attach a copy of a voided check with your form\***