

**CITY OF SEA ISLE CITY**  
**AUTHORIZATION AGREEMENT FOR DIRECT DEBIT PAYMENTS (ACH DEBIT)**  
**WATER/ SEWER AND/OR TAX PAYMENTS**

I (we) hereby Authorize the City of Sea Isle City, to initiate debit entries to my (our) checking account/savings account (select one) indicated below at the depository financial institution named below, hereafter called depository, and to debit the same to such account. I (we) acknowledge that the organization of ACH transactions to my (our) account comply with the provision of U.S. Law.

DEPOSITORY NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

CHECK ONE:     CHECKING     SAVINGS

**MUST INCLUDE A VOIDED CHECK FOR CHECKING ACCOUNTS**  
**MUST INCLUDE A SAVINGS DEPOSIT SLIP FOR SAVINGS ACCOUNTS**

ROUTING # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

I would like to set up Direct Debit for (**check all that apply**)     WATER/SEWER     TAXES

This authorization is to remain in full force and effect until the City has received written notification from me (or either of us) of its termination in such manner as to afford the City and Depository a reasonable opportunity to act on it. The City is not responsible for any over draft or other charges imposed by the depository listed above as a result of this service. I (we) acknowledge that I (we) am/are responsible for all fees in connection with the transaction or cancellation thereof in connection with this agreement. I (we) acknowledge that I (we) am/are the only owners of the account listed above.

For water/sewer payments: I (we) understand that my/our account will be debited on the 5th of each quarter (3/5, 6/5, 9/5 & 12/5) or the next business day thereafter.

For tax payments: I (we) understand that my/our account will be debited on the 5th of each quarter (2/5, 5/5, 8/5 & 11/5) or the next business day thereafter.

NAME(S) \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

WATER/SEWER ACCOUNT # \_\_\_\_\_

PROPERTY TAX BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUAL \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

***Please Return This Form & Voided Check to the Collectors Office, 233 JFK. Blvd., Sea Isle City, NJ 08243***