

Tax 1st Qtr- Feb 4th
 Tax 2nd Qtr May 4th
 Tax 3rd Qtr Aug 4th
 Tax 4th Qtr Nov 4th

Sewer 1st Qtr- Apr 4th
 Sewer 2nd Qtr July 6th
 Sewer 3rd Qtr Sept 4th
 Sewer 4th Qtr Jan 4th

**TOWNSHIP OF DELRAN
 DIRECT DEBIT (ACH) AUTOMATED CLEARING HOUSE PAYMENT
 AUTHORIZATION FORM**

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 or savings account. And, 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 – fewer checks to write and mail.
- Helps you pay your bills in a convenient and timely manner – even if you're out of town.
- Your payment is always on time.
- It saves postage – many people spend close to \$100 a year on postage
- It's easy to sign up for, easy to cancel
- No late charges

All you need to do is:

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and date.
3. Attach a voided check or savings deposit ticket.

<p>Choose one or both Tax* <input type="radio"/> Sewer <input type="radio"/></p> <p><small>*Do not choose tax if a mortgage company escrows your taxes.</small></p>

This authorization is to remain in full force and effect until the township of Delran has received written notification from me (us) of its termination in such time and in such manner as to afford Delran Township a reasonable opportunity to act on it. I (we) understand the payment will be processed approximately on the fourth of the month in which taxes become due.

I (WE) authorize Delran Township to initiate debit entries to my account indicated below.

NAME _____
 MAILING ADDRESS _____
 BLOCK _____ LOT _____ QUALIFIER _____
 Type of account to debit: (check one) Checking Savings
 Bank Name _____
 Bank Account Number _____
 Routing Number _____
 Daytime Phone# _____ Evening# _____
 Email Address _____

Authorization for email reminder

 Authorized Signature

 Authorized Signature (Joint Account)

**PLEASE MAIL COMPLETED FORM TO:
 TAX COLLECTOR (ACH)– 900 Chester Ave, Delran, NJ 08075**