

CITY OF LINWOOD
TAX COLLECTOR
400 W. POPLAR AVENUE, LINWOOD, NJ 08221
(609) 927-4109 OR (609) 926-7975
FAX: (609) 653-2730

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated on the bill mailed to you on the due date of each billing period.

Please complete the information below:

I _____ authorize the City of Linwood to charge my bank account
(full name)

indicated on the Due Date of the mailed bill for payment of my Tax Sewer Both.

If the due date falls on a weekend or holiday the transaction will occur the next business day.

Circle one

Property Address _____
City, State, Zip _____
Block and Lot _____
Account Number _____

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

Routing Number Account Number

22222222 000 111 555 1022

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify City of Linwood in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that City of Linwood will not attempt to process the charge again, and agree to an additional \$20.00 charge for the returned NSF. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.