AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

I (we) authorize the CITY OF JERSEY CITY/ TAX OFFICE, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S.Law.

**** COPY OF VOIDED CHECK IS REQUIRED WITH THIS FORM ****

Depository Name_____ Branch_____

City_____ State_____

Routing # __ __ __ __ __ __ __ __ __ Account # _____

This authorization is to remain in full force and the effect until the COMPANY has received written notification for me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act in.

Name_____ Phone#_____

Property Location_____ Block/Lot_____

Signature_____ Date _____

Property Account #

e-mail address _____@_____.com _____

NOTE: WRITTEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION

Jersey City Tax Collectors Office - 280 Grove Street Room 101 - Jersey City, N.J. 07302 - 210-547-5124