

TOWNSHIP OF WAYNE

Authorization / Suspension of Electronic Payment of Utilities

Please check the appropriate line:

___: INITIAL AUTHORIZATION ___: CHANGE OF ACCOUNT NUMBER

___: CHANGE OF BANK ___: SUSPENSION OF AUTHORIZATION

PLEASE PRINT

Property Information:

Block _____ Lot _____ Quall _____ Acct # _____

Street Address _____

Phone Number _____

Bank Information:

Bank Name _____

9 Digit Routing Number (Located on Check) _____

Account Number (Checking Only) _____

Account Holder Name(s) _____

AUTHORIZATION

I/We authorize the Township of Wayne to debit the account identified to effect the **CURRENT** payment of Utilities due and owing on the property described above, which is located in the Township of Wayne. Accounts must not be in **ARREARS** to participate in the service.

I/We authorize that said payments are to be debited from the account identified above on the 10th day prior to the due date of the bill. In the event that the 10th date occurs on a weekend or holiday, the payment will be effective the next business day.

I/We understand that if sufficient funds are not available in the account identified above on any payment date described herein I/we will be charged a non refundable service fee of \$20.00 In the event that there are insufficient funds **TWICE** in the same calendar year then the Township shall discontinue my/our participation by written notice.

This authorization will remain in effect until I/we give written notice of termination to the Township which shall be no later than (10) days prior to the due date to allow the Township to act upon it. The Township may also terminate the agreement with at least 10 days prior notification.

Attached herewith are (If Not Already Submitted):

1. A **Voided Check** on the account that I/we wish to have debited for purposes of verifying the Financial Institution's Routing Number and my/our account number.
2. A copy of my last bill.

Date Signature of Account Holder #1 Signature of Account Holder # 2

SUSPENSION OF AUTHORIZATION

Please suspend my/our participation in this program for the next utility payment date

Date Signature of Account Holder #1 Signature of Account Holder # 2

Mail this completed form and any attachments to: **Wayne Township (Tax Dept.)**
475 Valley Rd.
Wayne, NJ 07470-3583
973-694-1800 x3217