

Authorization Agreement for ACH Direct Withdrawals
For Property Taxes

Company Name: Springfield Township Date: _____

Check One: New Authorization Change of Account Number
 Authorization to Transfer to Another Financial Institution Cancellation

Authorization For: Property Taxes

I (We) hereby authorize the Springfield Township to initiate debit entries to my (our) checking account indicated below. I (We) hereby authorize the Financial Institution named below to debit the same to such account.

Financial Institution:
City: State: Zip:
Transit/ABA No.: Account No.:

This authority is to remain in full force and effect until the Springfield Township has received written notification from me (us) of its termination. At such time, and in such manner, the Township of Southampton requires any said request for termination to be made no sooner than 5 business days prior to any such scheduled debit entries. The bank or financial institution information provided in this form by the taxpayer shall remain confidential from all other sources and used solely for the purposes described in this form.

Name(s):

Property Location:

Mailing Address:

Block Lot

Daytime Phone No.

Email:

Signature: _____ Signature: _____

Attach Voided Check Here
Return To:
Springfield Township
Tax Collector
2159 Jacksonville-Jobstown Road
Jobstown, NJ 08041
(609) 723-2464 ext. 14