

TOWNSHIP OF WEST CALDWELL

ACH APPLICATION

Customer Information:

Name - First

Last

Mailing Address

City

State

Zip Code

Day Phone #

Evening Phone #

E-mail

Please register the following accounts:

Tax:

Block

Lot

Qualifier

Property Location:

Water Acct #

Sewer Acct #

Service Location:

Please indicate account information for each service. You may select different accounts and banks for different services:

SERVICE	BANK'S ABA NUMBER	BANK ACCOUNT NUMBER	TYPE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Service - Please indicate Tax or Water

Type: PCk = Personal Checking PSav = Personal Savings BCk = Business Checking

Please attach a voided check for each account listed. We will be unable to process your application without this information. Failure to specify whether your checking account is a personal or business account may cause us to deny the processing of your transaction since we could incur fines from our bank.

The following signature authorizes the Township of West Caldwell to process "ACH" debit transactions to the Bank(s) and Account(s) listed above in payment for services rendered. Any "ACH" debit transaction denied due to insufficient funds will be assessed a \$20.00 "Returned Check" fee and posted to the customer's account.

AGREED TO:

DATE: _____ **SIGNATURE:** _____

Process Date: _____

Processed By: _____