



TOWNSHIP OF *Clark* NEW JERSEY

430 Westfield Avenue
Clark, New Jersey 07066-1704
Tel: (732) 388-3600
Fax: (732) 388-3839
www.ourclark.com

PLEASE A VOIDED CHECK OR A LETTER FROM YOUR BANK
INCLUDE: TO CONFIRM ROUTING AND ACCOUNT INFORMATION

PLEASE RETURN TO: Township of Clark – Tax Office, 430 Westfield Avenue, Clark, NJ 07066

AUTHORIZATION AGREEMENT FOR ACH DIRECT WITHDRAWALS

For the payment of:
_____ SEWER UTILITY

Form must be received by the 15th day of the month before payment is due.

PROPERTY INFORMATION

Please Print Clearly

Block: _____ Lot: _____ Qualifier (if any): _____ Account #: _____

Owner's Name: _____

Property Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone No.: _____ Email Address: _____

BANK ACCOUNT INFORMATION

Name of Bank: _____

Bank Routing (ABA) Number: _____

Account Number: _____

Account Type: Checking _____ Savings _____

DIRECT DEBIT AUTHORIZATION

I hereby authorize the Township of Clark to debit my checking or savings account on the due date of:

- Sewer Utility payments (March 15th/September 15th or as established on the bill. I understand that these charges will continue being deducted automatically until I make a written request to the Township of Clark to discontinue direct debit from my account or email a request to lcaliguire@ourclark.com. I agree that all insufficient funds will incur a \$20 returned check fee.

Print Name: _____

Signature: _____ Date: _____

FOR INTERNAL USE ONLY
Entered: _____ Pre-Note: _____ Scanned by: _____ Confirmed by: _____
Notes: _____

The Township of Clark assures you that no personal identifying information that is supplied by you on this form will be disclosed, as personal information is deemed confidential pursuant to the Open Public Records Act, N.J.S.A. 47:1A-1, et seq.

Clark is an Equal Opportunity Employer