

AUTHORIZATION AGREEMENT FOR DIRECT WITHDRWALS AUTOMATED CLEARING HOUSE

I (we) authorize the CITY OF JERSEY CITY/TAX OFFICE, hereinafter called COMPANY, to initiate withdrawal entries from my (our) checking account or savings account indicated below at the depository financial institution named below, hereinafter called depository, and to bill the same account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law.

IN THE EVENT THAT THE PROPERTY IS SOLD PLEASE EMAIL THIS OFFICE TO REMOVE THE ACH AT ANTHONYE@JCNJ.ORG

**** * Note written debit authorization must provide that the receiver may revoke the authorization only by notifying the organization in the manner specified in the authorization**

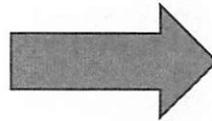
***** COPY OF VOIDED CHECK IS REQUIRED WITH THIS FORM *****

NAME OF BANK _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ROUTING #----- ACCOUNT #-----

PLEASE CIRCLE ONE



CHECKING/SAVINGS

TAX PAYER'S NAME ON BANK ACCOUNT _____ SIGNATURE _____

PHONE # _____

Block # _____

EMAIL ADDRESS _____

Lot # _____ Qualifier # _____

Tax Account # _____

***This Authorization is to remain in full force and effect until the Company has received written notification from me (or us) of its termination in such time and in such manner as to afford the Company and Depository a reasonable opportunity to terminate the agreement. ***