TOWNSHIP OF UPPER
AUTHORIZATION OF ELCTRONIC PAYMENTS
Please check the appropriate line;

_____ Initial Authorization _____ Change of Account Number or Financial Institute

PLEASE PRINT

PROPERTY INFORMATION:

Block_____ Lot_____ Qualifier_____

Property Owner_____

Property Location_____

Mailing Address (if different)_____

Phone Number(s) _____

Email _____

BANK INFORMATION

Bank Name_____

9 Digit Routing Number (located on check)_____

Account Number (Checking)_____(Savings)_____

Name of Account Holder(if not property owner)_____

AUTHORIZATION

I authorize the Township of Upper to debit the account-identified quarterly for Property Taxes. Payments will be debited from the account on the 3rd of the month that taxes are due (February, May, August, and November). If the 3rd day occurs on a weekend or holiday the payment will be effective the next business day. Applications must be received at least 10 days prior to the date of the next payment.

Please attach a voided check on the account that you wish to have debited for the purpose of verifying the banks routing and account number.

This authorization shall remain in full force **unti**l I cancel it in writing by sending my notice at least 30 days prior to the date of next scheduled debit.

_____ _____
Date Signature of Account Holder

Mail completed form & attachment to: Township of Upper
PO Box 216
Tuckahoe NJ 08250

Any questions – please call (609)628-2011 x 260