

# BOROUGH OF PEAPACK & GLADSTONE



1 School Street  
P.O. Box 218  
Peapack, NJ 07977

Tax & Finance Office (908) 234-2250 x104  
PeapackFinance@peapackgladstone.org

## AUTHORIZATION AGREEMENT FOR ACH DIRECT WITHDRAWALS FOR QUARTERLY PROPERTY TAX PAYMENTS

Company Name: Peapack Gladstone Borough Date \_\_\_\_\_

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

I (we) hereby authorize Peapack Gladstone Borough hereafter called BOROUGH to initiate debit entries to my (our) checking account indicated below and I hereby authorize the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. Such debit entry will take place around February 1, May 1, August 1 and November 1

Depository Name \_\_\_\_\_

Branch \_\_\_\_\_

Check One:

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking

Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

Savings

This authorization is to remain in full force and effect until BOROUGH has received written notification from me of its termination in such time and in such manner as to afford the BOROUGH and the DEPOSITORY a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by the BOROUGH or the DEPOSITORY prior to its receipt in the offices of the BOROUGH. The bank or financial depository 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. If any debit entry is denied by above named depository, your account with the BOROUGH will be charged a return fee of \$20. Certified funds or cash will be required in order to fulfill your obligation with the BOROUGH for that payment.

NAME(S) \_\_\_\_\_

Property Location \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification (if applicable) \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Day Time Telephone \_\_\_\_\_

Signature \_\_\_\_\_

ALL INFORMATION IS REQUIRED

*THIS COMPLETED ORIGINAL FORM MUST BE RETURNED TO THE BELOW ADDRESS IN ORDER TO INITIATE.*

RETURN THIS ORIGINAL TO:  
PEAPACK GLADSTONE TAX COLLECTOR  
1 SCHOOL STREET  
PO BOX 218  
PEAPACK, NJ 07977