

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



Mary P. Robinson, CMFO, CTC
Finance Officer/Tax Collector
Phone (908) 234-2250 ext. 102
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**AUTHORIZATION AGREEMENT FOR ACH DEBIT WITHDRAWALS
FOR QUARTLY SEWER PAYMENTS**

Company Name Peapack Gladstone Sewerage Authority Date _____

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

I (we) hereby authorize Peapack Gladstone Sewerage Authority hereafter called SEWER COLLECTOR 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 on April 1, July 1, October 1 and December 1, or the next business day.

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 SEWER COLLECTOR has received written notification from me of its termination in such time and in such manner as to afford the SEWER COLLECTOR 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 SEWER COLLECTOR or the DEPOSITORY prior to its receipt in the offices of the SEWER COLLECTOR. 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 SEWER COLLECTOR will be charged a return fee of \$20. Certified funds or cash will be required in order to fulfill your obligation with the SEWER COLLECTOR 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**