

**BOROUGH OF CAPE MAY POINT**

**Tax Collector's Office**

**P.O. Box 490**

**Cape May Point, NJ 08212**

**Authorization for Electronic Payments (ACH)**

**Please check appropriate line:**

\_\_\_\_: Initial Authorization \_\_\_\_: Change of Account Number or Financial Institution

**Please Print**

**Property Information:**

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualifier \_\_\_\_\_

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

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Bank Information:**

Bank Name: \_\_\_\_\_

9 Digit Routing Number \_\_\_\_\_

Account Number: (Checking) \_\_\_\_\_

(Savings) \_\_\_\_\_

**\*\*Please attach a voided check or voided savings account deposit slip\*\***

**Direct Debit Authorization**

I hereby authorize the Borough of Cape May Point to debit the account-identified quarterly for property taxes. Payments will be debited from the account on the 3<sup>rd</sup> of the month that the taxes are due. If the 3<sup>rd</sup> falls on a weekend or holiday, the debit will occur on the next business day. I am aware that all insufficient funds will incur a \$20.00 administrative fee and possibly additional interest. Applications must be received at least 10 days prior to the date of the next payment. This authorization shall remain in full force until I cancel it in writing at least 10 days prior to the date of the next scheduled debit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_