



## Direct Debit Authorization Application and Agreement

I authorize the Borough of Stone Harbor Tax Collector's Office (or acting agents) to debit the below specified bank account for my tax bills and/or my water and sewer bills. I understand that there will be a \$20.00 charge for any debits that are returned unpaid and that my tax and/or water sewer account must be current with a zero balance to be approved. I will keep my information up-to-date with the Borough of Stone Harbor Tax Collector's Office.

### Your Borough of Stone Harbor Account Information

Tax Block/Lot/Qual \_\_\_\_\_

And/or Water account (numbers left of hyphen) \_\_\_\_\_

Owner's Name \_\_\_\_\_

Property Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

I would like to sign up for direct debit of my  Tax Bills  Water & Sewer Bills (Please check one or both)

### Your Bank Account Information

**REQUIRED: Include a voided check from your account or a letter from your bank.**

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

Bank Account Number \_\_\_\_\_

Name of Bank \_\_\_\_\_

Bank Account Type:  Checking  Savings

I agree that my bank account will be debited quarterly on February 1<sup>st</sup>, May 1<sup>st</sup>, August 1<sup>st</sup> and November 1<sup>st</sup> for tax bills and March 1<sup>st</sup>, June 1<sup>st</sup>, September 1<sup>st</sup> and December 1<sup>st</sup> for water and sewer bills, for the total amount due on my bills. In the event that the debit date occurs on a bank holiday, my account will be debited on the next business day. My authorization will remain in effect until I notify the Borough of Stone Harbor Tax Collector's Office in writing. I agree to contact the Tax Office, in writing, with any change of ownership to the property. I am aware that I must notify the Borough of Stone Harbor Tax Collector's Office immediately of any and all changes to my bank account information to avoid any problems with the direct debit. I will remit my authorization agreement at least one month prior to the above outlined dates to be enrolled in the Direct Debit Program and thereafter expect my account to be debited on the above outlined dates. I further acknowledge that I will not receive quarterly withdrawal notifications from the Borough of Stone Harbor.

Print Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Please mail or fax this completed form and the voided check to the Borough of Stone Harbor Tax Collector's Office as soon as possible so we may process your application and sign you up for the next billing. If you have any questions, please contact our office.