

Account to credit:	Water & Sewer	Taxes
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Property/ Service Address: _____

Water/Sewer Account Number: _____ Block & Lot: _____

Name(s): _____ Please Print _____ Please Print

Phone: _____ Email: _____

*This authorization is to remain in full force and effect until the Borough of Brielle has received written notification from me (or either of us) of its termination in such time and manner as to afford the Borough of Brielle and the Depository a reasonable opportunity to act on it. _____ Initial

The Borough of Brielle is not responsible for any overdraft or other charges imposed by the Depository listed above as a result of this service. I (we) acknowledge I (we) are responsible for all fees in connection with this transaction or cancellation thereof in connection with this agreement. — Initial

Name(s) on Account: _____

Name of Bank: _____

City: _____ State: _____ Zip: _____

Routing/ ABA Number: _____ Account Number: _____

Type of Account: Checking Savings Please circle one

Date: _____ Signature: _____

Date: _____ Signature: _____

- PLEASE RETURN WITH A VOIDED CHECK
- A BILLING STATEMENT WILL BE SENT FOR RECORD KEEPING PURPOSES

*NOTE: Written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in this authorization.