



BOROUGH OF PARK RIDGE AUTOMATIC DEBIT APPLICATION

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Email Address: _____

Please register for the desired services:

Tax Block & Lot: _____

Water Account Number: _____

Electric Account Number: _____

(Property Location:) _____

Please indicate account information for each service. You may select different accounts and banks for different services. (If using a Money Market Account, an ACH transaction is just like a check and counts towards the number of checks allowed per month.)

BOROUGH SERVICE	BANK'S ABA NUMBER	BANK ACCOUNT NUMBER	ACCOUNT TYPE
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____

(Service, please indicate tax, electric or water; Type, refers to personal checking, business checking or Money Market.)

*****Please attach a voided check for each account listed. Your application CAN NOT be processed without this.*****

Your regular bills will serve as notification of impending "ACH" debit transactions. Payments are due upon receipt of these bills, so, please, have sufficient funds available in a timely manner upon receiving them. The following signature authorizes the Borough of Park Ridge to process "ACH" debit transactions to the bank(s) and account(s) listed above in payment for services rendered. Any "ACH" debit transaction denied due to insufficient funds will be assessed a \$20.00 "Returned Check" fee that will be posted to the customer's account.

DATE: _____ SIGNATURE: _____

Return to: Tax Collector, Municipal Building, 55 Park Avenue, Park Ridge, NJ 07656; or email jmazarella@parkridgeboro.com