



Township Of Mahwah

Municipal Offices: 475 Corporate Drive
P.O. Box 769 • Mahwah, NJ 07430
Tel 201-529-5757 • Fax 201-512-0396

Elizabeth M. Villano CTC
Tax Collector

LVillano@MahwahTwp.org
Tel 201-529-5757 x 228
Fax 201-512-0396

Dear Taxpayer,

Per Resolution 049-08A, the Tax Collectors Office now can offer an ACH bank draft program (direct withdrawal) to our taxpayers. This service assures your payment will be received in a timely manner as well as providing a safe and secure way to pay your taxes.

Quarterly property tax payments as billed will be debited from your CHECKING or SAVINGS account on the payment due dates of August 1, November 1, February 1, and May 1. We do not draft from equity accounts. You may enroll at any time, **PROVIDED A COMPLETED AUTHORIZATION FORM IS RECEIVED AT LEAST TWO WEEKS PRIOR TO THE SCHEDULED DRAFT DATES.** Cancellation of such transactions shall be in writing and submitted to the local unit 30 days in advance of the cancellation per NJ Administrative Code.

Please be aware that there will be a \$20.00 fee if an automatic withdrawal is returned due to insufficient funds or the account number given on the application is incorrect. We will not resubmit for payment. We would then need 2 checks. The 1st check made payable to the Mahwah Tax Collector for the amount due to clear the tax account and the 2nd check, made payable to the Township of Mahwah for \$20.00.

If you would like to enroll in this program, please **complete the entire authorization** form on the back of this letter. Be sure to **attach a voided check.** Incomplete applications will delay enrollment.

Please direct any questions or concerns you may have to call our office at 201-529-5757 Ext. 228, 226, and 225

Very truly yours,

Liz Villano
Tax Collector

**Authorization Agreement for ACH Withdrawals
For quarterly property tax payments**

Company Name: Township of Mahwah **Date:**

Check One:

_____ New Authorization _____ Authorization to Transfer to Another Depository
_____ Change of Account Number _____ Cancellation

I (we) hereby authorize the Township of Mahwah, hereafter called COMPANY, 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.

Depository Name _____ **CHECK ONE**
Branch _____ **Savings** _____
City _____ **State** _____ **Zip** _____ **Checking** _____
Transit/ABA No. _____ **Account No.** _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY 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 COMPANY or the DEPOSITORY prior to its receipt.
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.

*****PLEASE TYPE OR PRINT CLEARLY*****

Name (s) _____

Property Location _____

Mailing Address (if different from above)

Block & Lot _____ **Day Time Telephone** _____

E-Mail Address _____

Signature _____ **Signature** _____

ATTACH YOUR PERSONALIZED VOIDED CHECK HERE

**RETURN TO THE TOWNSHIP OF MAHWAH
MAHWAH TAX COLLECTOR
P.O. BOX 769, MAHWAH NJ 07430
201-529-5757 EXT 228, 226, 225**