

# TOWNSHIP OF WEST CALDWELL

## ACH APPLICATION

*Customer Information:*

Name - First

Last

Mailing Address

City

State

Zip Code

Day Phone #

Evening Phone #

E-mail

*Please register the following accounts:*

**Tax:**

Block

Lot

Qualifier

**Property Location:**

**Water Acct #**

**Sewer Acct #**

**Service Location:**

*Please indicate account information for each service. You may select different accounts and banks for different services:*

SERVICE*	BANK'S ABA NUMBER	BANK ACCOUNT NUMBER	TYPE~
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

*\*Service - Please indicate Tax or Water*

*~Type: P Ck = Personal Checking*

*P Sav = Personal Savings*

*B Ck = Business Checking*

*Please attach a voided check for each account listed. We will be unable to process your application without this information. Failure to specify whether your checking account is a personal or business account may cause us to deny the processing of your transaction since we could incur fines from our bank.*

**You will be notified two weeks prior to the processing of any "ACH" debit transaction. Until you receive this notification, you will need to make payment on your account(s) by cash, certified check or money order.** The following signature authorizes the Borough of West Caldwell 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 and posted to the customer's account.

**AGREED TO:**

**DATE:**

**SIGNATURE:**