

Sandra Beasley Billing Administrator

Joyce Lee
Deputy Billing Administrator

MIDDLE TOWNSHIP

"A Safe and Clean Family Community"

TOWNSHIP OF MIDDLE AUTHORIZATION OF ELECTRONIC PAYMENTS

| PLEASE PRINT | | | |
|---|--|--|---|
| Initial Authorization | Change of Account number an | d or Financial Institution | |
| Property Information: | | | |
| BlockLot | Qualifier | Account # | |
| Property Location: | | | |
| Mailing Address: | | | |
| Phone number: Home | Cell | | |
| Email address | | | |
| BANK INFORMATION | | | |
| Bank Name | | | |
| 9 Digit Routing Number or ABA | Number for your bank | | |
| Account Number: Checking | | | |
| Savings | <u> </u> | | |
| Authorization: | | | |
| account on the 3 rd of the mont the payment will be effective t | h that sewer is due (January, A | pril, July, October). If the 3 rd (tions must be received at leas | Payments will be debited from the day occurs on a weekend or holiday t 10 days prior to the date of the |
| | (if using checking account) or a ifying the Bank's routing numb | | n the account that you wish to have |
| the next scheduled debit. The | n in full force until I cancel it in Township shall impose a fee c he individual's bank for insuffic | of \$38.00 against individuals w | |
| Date | Signature of Acc | ount Holder | |

Middle Township Sewer Utility Collector

Mail completed form and attachment to:

33 Mechanic Street Cape May Court House, New Jersey 08210 (609) 465-8724 / (609) 463-1068 fax