

**AUTOMATED CLEARING HOUSE (ACH)
AUTHORIZATION AGREEMENT**

I (we) authorize Galloway Township, hereinafter called the Company, to initiate entries (debit and/or credit) to my (our) account at the Financial Institution indicated below.

Receiving Bank Name	Account Name

City, State, Zip Code	Account Number

	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
ABA Routing Transit Number	Type of Account (Circle One)

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

	Block _____ Lot _____ Qualifier _____ Account Number _____ Property Tax Sewer Both
Name and Prop. Location (Please Print) Phone Number	Type of Service for Debit (circle one)

Authorized Signature	Date

Authorized Signature (Joint Account)	Date