

THE TOWNSHIP OF OCEAN

MONMOUTH COUNTY

399 MONMOUTH ROAD
OAKHURST, NJ 07755-1589



Department of Finance
(732) 531-5000

FOR TOWNSHIP USE ONLY:

Entered By: _____

Date: _____

Reviewed By: _____

Date: _____

VENDOR DIRECT DEPOSIT AUTHORIZATION FORM

VENDOR ACCOUNT INFORMATION			
Vendor Name:			
Vendor Street:			
Vendor City		Vendor State	Vendor Zip Code
Contact Information			
Contact Name:			
Contact Title:			
Phone:		Email:	
CFO/Finance Officer			
CFO/Finance Officer Name:			
Address (If Different from Above):			
Phone:		Email:	
CFO/Finance Officer Signature & Date of Signature:			

BANKING ACCOUNT INFORMATION		
Routing (ABA) Number:		
Bank Account Number:		
Bank Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
For account verification purposes, kindly attach a voided check. To Direct Deposit into a savings account, attach a note from your bank listing the account and routing (ABA) numbers.		

DIRECT DEPOSIT AUTHORIZATION			
I hereby authorize the Township of Ocean to deposit electronic payments into my checking or savings account. I understand that these payments will continue automatically into my account until I make written request for the Township of Ocean to discontinue direct deposits into my account.			
<input type="checkbox"/>	Please notify me by e-mail prior to processing my direct deposit	e-mail address:	
Signature:		Date:	
Print Name:			

Complete this form and mail to the above address, "Attn: Tax Department". Your account will be pre-noted to verify account accuracy prior to the first actual payment to your account.