

THE TOWNSHIP OF OCEAN

MONMOUTH COUNTY

399 MONMOUTH ROAD
OAKHURST, NJ 07755-1589

Return By: For Payment On:

January 24 th	February 5 th
April 24 th	May 5 th
July 24 th	August 5 th
October 24 th	November 5 th



OFFICE OF THE TAX COLLECTOR
(732) 531-5000

DIRECT ACCOUNT DEBIT AUTHORIZATION FOR AUTOMATIC QUARTERLY TAX AND/OR SEWER PAYMENTS

TAX/SEWER ACCOUNT INFORMATION

Name:		
Property Address:		
Block	Lot	Qualifier
Sewer Account Number:		
Mailing Address:		
Street:		
City	State	Zip Code
Day Time Phone Number:		

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 or a voided savings account deposit slip with this application.		

DIRECT DEBIT AUTHORIZATION

I hereby authorize the Township of Ocean to debit my checking or savings account each quarter (February, May, August, and November) for the Municipal Charges I have indicated below.

I understand that these charges will continue being deducted automatically from my checking or savings account until I make written request for the Township of Ocean to discontinue direct debit of my account.

<input type="checkbox"/> Municipal taxes	<input type="checkbox"/> Sewer Utility Charges	<input type="checkbox"/> Both Tax and Sewer
<input type="checkbox"/> Please notify me by e-mail prior to processing my direct debit.	e-mail address:	
Signature:		Date:
Print Name:		

Complete this form and mail to the above address. Your account will be pre-noted to verify account accuracy prior to the first actual debit to your account for municipal charges.