



SUMMER and WINTER
Bedford Township

DIRECT DEBIT AUTHORIZATION AGREEMENT

- Please type or print legibly in black ink.
- Check the correct box to indicate whether this is a new application or a change.
- **Attach a voided check to the completed application**

New Change

| | | |
|-----------------|--------|----------------|
| Name: | | |
| Address: | | Parcel Number: |
| City: | State: | Zip: |
| E-mail Address: | | Phone: |

I hereby authorize Bedford Township to debit my Checking Account or Savings Account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. Bedford Township and I agree to abide by all applicable ACH operating rules.

Should the electronic debit to my account be returned for lack of sufficient funds, you will need to pay your bill by cash, money order or official check at the township hall. A NSF fee of \$25.00 will also be collected at the time you pay your taxes.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Financial Institution Name: | |
| Address: | Phone Number: |
| Bank Transit & Routing Number: | Account Number: |
| Name as it appears on the bank account: | |
| Please choose one date for your total summer tax bill and one date for your total winter tax bill to be debited from your account: | |
| SUMMER TAX COLLECTION: <input type="checkbox"/> July 11 OR <input type="checkbox"/> September 11 | |
| WINTER TAX COLLECTION: <input type="checkbox"/> December 11 OR <input type="checkbox"/> February 11 | |

This agreement is to remain in full force and effect until Bedford Township has received written notification from me, or I have received written notification from Bedford Township of its termination so as to afford the interested parties a reasonable time to act on it.

Signature

Date