

BOROUGH OF FRANKLIN LAKES

***NEW ENROLLMENTS & CHANGES MUST BE RECEIVED AT LEAST
3 WEEKS PRIOR TO PAYMENT DUE DATES***

Authorization/Suspension of Electronic Payment of Property Taxes

Please check the appropriate line:

___ : INITIAL AUTHORIZATION ___ : CHANGE OF ACCOUNT NUMBER

___ : CHANGE OF FINANCIAL INSTITUTION ___ : SUSPENSION OF AUTHORIZATION

PLEASE PRINT

Property Information:

Block _____ Lot _____ Qualifier _____ Acct # _____

Homeowner/Tax Payer's Name: _____

Street Address _____

Phone Number _____ Email _____

Bank Information:

Bank Name _____

9 Digit Routing Number (Located on Check) _____

Account Number (Checking Only) _____

Account Holder(s) Name(s) _____

AUTHORIZATION

I/We authorize the Borough of Franklin Lakes to debit the account identified to effect the **CURRENT** payment of Property Taxes due and owing on the property described above, which is located in the Borough of Franklin Lakes. These payments will be made each quarter as property taxes are due. Accounts must not be in **ARREARS** in any amount for any quarter to participate in the service.

I/We authorize that the said funds will be available for withdrawal by the 1st of the month that the payment is due. I/we understand that if sufficient funds are not available in the account identified above on any payment date described herein I/we will be charged a non refundable service fee of \$20.00. In the event that there are insufficient funds **TWICE** in the same calendar year then the Borough shall discontinue your participation by written notice.

This authorization will remain in effect until I/we give written notice of termination to the Borough which shall be no later than (10) days prior to the due date to allow the Borough to act upon it. The Borough may also terminate the agreement with at least 10 days prior notification.

Attached herewith a **VOIDED CHECK** on the account that I/we wish to have debited for purposes of verifying the Financial Institution's Routing Number and my/our account number.

Date Signature of Account Holder #1 Date Signature of Account Holder #2

SUSPENSION OF AUTHORIZATION

Please suspend my/our participation in this program for the next property tax payment date.

Date Signature of Account Holder #1 Date Signature of Account Holder #2

Mail this completed form and any attachments to: **Borough of Franklin Lakes (Tax Dept.)
480 DeKorte Drive
Franklin Lakes, NJ 07417
(201) 891-4000 Ext 1216**