



CITY OF UNION CITY
DEPARTMENT OF REVENUE & FINANCE
TAX COLLECTOR'S OFFICE
3715 PALISADE AVENUE
UNION CITY, NEW JERSEY 07087
AUTHORIZATION AGREEMENT FOR ACH DIRECT WITHDRAWALS

I (WE) hereby authorize the City of Union City to debit my checking or savings account each quarter (February 5, May 5, August 5 and November 5) for the payment of my property tax bill and/or abatement bill and the depository named below, hereinafter called Depository, to debit the same to such account.

Type of account to debit (check one) _____ Checking _____ Savings

Depository Name: _____

Branch: _____

City/State/Zip: _____

Routing (ABA) Number _____

Bank Account Number _____

This authorization is to remain in full force and effect until the City of Union City has received **WRITTEN NOTIFICATION** from me (or either of us) of its termination in such time and in such manner as to afford the City of Union City a reasonable opportunity to act on it. If any debit entry is denied by the above named depository for non-sufficient funds, your account will be charged a fee of \$20.00. If a weekend or holiday occurs on the debit date, then we will debit your account on the next banking day.

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Block _____ Lot _____ Qualifier: _____ ABATEMENT # _____

Date: _____ Signature: _____

Complete this form and mail to above address. Please attach a **VOIDED** check for verification. Your account will be pre-noted to verify account accuracy prior to the first actual debit to your account. For questions, please call our office at 201-348-5719 or email ssschulman@ucnj.com