

**BOROUGH OF CAPE MAY POINT
WATER/SEWER UTILITY
P.O. Box 490
Cape May Point, NJ 08212**

Authorization for Electronic Payments (ACH)

Please check appropriate line:

____: Initial Authorization ____: Change of Account Number or Financial Institution

Please Print

Property Information:

Block _____ Lot _____ Qualifier _____

Property Location: _____

Name: _____

Mailing Address: _____

Phone Number: _____ Cell Phone: _____

EMAIL: _____

Bank Information:

Bank Name: _____

9 Digit Routing Number: _____

Account Number: (Checking) _____

(Savings) _____

****Please attach a voided check or voided savings account deposit slip****

Direct Debit Authorization

I hereby authorize the Borough of Cape May Point to debit the account-identified quarterly for water/sewer utility. Payments will be debited from the account on the 3rd of the month that the water/sewer billings are due. If the 3rd falls on a weekend or holiday, the debit will occur on the next business day. I am aware that all insufficient funds will incur a \$20.00 administrative fee and possibly additional interest. Applications must be received at least 10 days prior to the date of the next payment. This authorization shall remain in full force until I cancel it in writing at least 10 days prior to the date of the next scheduled debit.

Signature: _____ Date: _____