

Authorization Agreement
For Direct Payments (ACH Debits)

I (we) hereby authorize the Lower Merion Tax Collector (“the Tax Collector”) to initiate debit entries to transfer funds from my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below (“Depository”). I (we) agree that ACH transactions authorized herein shall comply with all applicable US law.

Please indicate which payments you want to initiate automatic debit:

- Real Estate Taxes (Township/County and School) Parcel Number 4000-_____
- Sanitary Sewer Sewer Account Number _____

Property Address _____
email address _____ telephone _____

Depository Name _____
Routing Number (9 digits) _____
Account Number (17 digits maximum) _____

You must include a copy of a voided check along with this request.

- We intend to charge accounts at the discount level forty-five (45) days after the bill date, which will be approximately fifteen (15) days before the due date.
- For taxpayers and residents who have signed up for this option at the time we print our bills we will include a notice on your bill of the amount and date of the withdrawal.
- Funds must be available when we charge your account. If funds are unavailable, our standard \$50 returned deposit fee will apply.
- If you wish to cancel this arrangement, you must send us written notification via one of three media listed below. Cancellations must be received three (3) business days in advance of the scheduled withdrawal date.

This authorization shall remain in force until the Tax Collector has received notification from me (either of us) of its termination.

Name (please print) _____
Date _____ Signature _____

Name (please print) _____
Date _____ Signature _____

Please return this executed form along with a voided check via one of these three media. (1) email to taxcollector@lowermerion.org, (2) fax to 610 645-4758, or (3) US Mail to Tax Collector, Lower Merion Township 75 E Lancaster Avenue, Ardmore PA 19003-2375.