



## WEST WINDSOR TOWNSHIP

Office of Sewer Collection  
271 Clarksville Rd, P.O. Box 38  
West Windsor, NJ 08550

Return by:            For Payment on:  
February 1, 2013    March 1, 2013  
August 1, 2013     August 30, 2013

*Please print this screen, complete the information below, attach voided check or voided savings account deposit slip, and mail to the Sewer Rent Collector at the address above*  
Questions? Call 609-799-2400 x 242 Sewer Billing Department

### DIRECT ACCOUNT DEBIT AUTHORIZATION FOR AUTOMATIC SEMI-ANNUAL SEWER PAYMENTS.

#### SEWER ACCOUNT INFORMATION

Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qualifier \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### BANK ACCOUNT INFORMATION

Routing (ABA) Number: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Account Type:    Checking \_\_\_\_\_    or    Savings \_\_\_\_\_  
Name of Bank: \_\_\_\_\_

**\*\*\*FOR ACCOUNT INFORMATION PLEASE INCLUDE A VOIDED CHECK OR A VOIDED SAVINGS ACCOUNT DEPOSIT SLIP WITH THIS APPLICATION\*\*\***  
**All insufficient funds will incur a \$20 processing fee**

#### DIRECT DEBIT AUTHORIZATION

*I hereby authorize West Windsor Township to debit my checking or savings account each half (March & September) for the semi-annual sewer rent payment. I understand that these charges will **continue** being deducted automatically from my checking or savings account until I make a written request for West Windsor Township to discontinue direct debit from my account.*

PRINT NAME: \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

*West Windsor Township assures you that no personal identifying information that is supplied by you on this form will be disclosed, as personal identifying information is deemed confidential pursuant to the Open Public Records Act, N.J.S.A. 47:1A-1, et seq.*