

BOROUGH OF PARK RIDGE AUTOMATIC DEBIT APPLICATION

First Name:		Last Name:		
Mailing Address:			A	
City:		State:	Zip Code:	
Daytime Telephone:		Evening Teleph	none:	
Email Address:				
Please register for the (desired services:			
	Tax Block & Lot:			
	Water Account Number:			
	Electric Account Number:			
	(Property Location:)			
	t information for each service. Yours, an ACH transaction is just like			
BOROUGH SEF	•		•	OUNT TYPE
(Service, please i	ndicate tax, electric or water; Typ	oe, refers to persond	ıl checking, business chec	king or Money Market.)
Please atta	ich a voided check for each accou	nt listed. Your appl	ication CAN NOT be proce	ssed without this.
V	ervice as notification of impendin	- "ACLU" dobih haran		,
	pills, so, please, have sufficient fu		= = = = = = = = = = = = = = = = = = =	-
-	ne Borough of Park Ridge to proce			
• •	endered. Any "ACH" debit transa posted to the customer's accoun		insufficient funds will be	assessed a \$20.00 "Returned
check lee that will be	posted to the editioner a decodit			
DATE:	. S	IGNATURE:		

Mail to: Tax Collector, Municipal Building, 55 Park Avenue, Park Ridge, NJ 07656