

Township of Plainsboro, County of Middlesex

Please print this screen, complete the information below, attach voided check or voided savings account deposit slip, and mail to the Tax Collector at the address shown below.

| | |
|-------------------|------------------------|
| <u>Return by:</u> | <u>For Payment on:</u> |
| January 1st | February 4th |
| April 1st | May 4th |
| July 1st | August 4th |
| October 1st | November 4th |

Attn: Tax Collector
Township of Plainsboro
641 Plainsboro Road
Plainsboro, NJ 08536
609-799-0909, ext. 1408 or 1409

DIRECT ACCOUNT DEBIT AUTHORIZATION FOR AUTOMATIC QUARTERLY TAX PAYMENTS.

TAX 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 per Ordinance #0-91-21.

DIRECT DEBIT AUTHORIZATION

I hereby authorize the Township of Plainsboro to debit my checking or savings account each quarter (February, May, August, and November) for the quarterly tax payment. I understand that these charges will **continue** being deducted automatically from my checking or savings account until I make a written request for the Township of Plainsboro to discontinue direct debit from my account.

PRINT NAME: _____

SIGNATURE _____

DATE _____ EMAIL ADDRESS: _____

The Township of Plainsboro 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.