

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.