



**TOWNSHIP OF PLAINSBORO  
County of Middlesex**

<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

**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: \_\_\_\_\_ Savings: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

**\*\*\*FOR ACCOUNT INFORMATION PLEASE INCLUDE A VOIDED CHECK OR A  
VOIDED 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.