



# TOWNSHIP OF EDISON

DEPARTMENT OF FINANCE  
OFFICE OF THE TAX COLLECTOR  
LINA VALLEJO  
TAX COLLECTOR  
TAXCOLLECTOR@EDISONNJ.ORG

100 MUNICIPAL BLVD  
EDISON, NEW JERSEY 08817  
PHONE: 732.248.7228  
FAX: 732.248.6434

## ACH DIRECT WITHDRAWALS AUTHORIZATION AGREEMENT

FOR PAYMENT OF (Please mark ALL that apply) →

- TAX
- SEWER
- WATER

APPLICATION MUST BE FILLED OUT WITH BLACK INK AND NEEDS TO BE RECEIVED AT LEAST 15 DAYS BEFORE FIRST PAYMENT DUE DATE.

### PROPERTY INFORMATION:

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qualifier (if any): \_\_\_\_\_  
 Location: \_\_\_\_\_ Account(s) #: \_\_\_\_\_

### OWNER INFORMATION

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/ZipCode: \_\_\_\_\_  
 Day Time Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### BANK ACCOUNT INFORMATION

Bank's Name: \_\_\_\_\_ Type:  Checking  Savings  
 Routing (ABA) #: \_\_\_\_\_ Account #: \_\_\_\_\_

### DIRECT DEBIT AUTHORIZATION

I hereby authorize the Township of Edison to debit my checking or savings account on the due date of:

- Tax quarterly payments (February 1<sup>st</sup>, May 1<sup>st</sup>, August 1<sup>st</sup>, and November 1<sup>st</sup>) and/or
- Sewer semi-annual payments (April 1<sup>st</sup>/October 1<sup>st</sup>) or as indicated on the bill and/or
- Water monthly and/or quarterly payments as indicated on the bill.

I understand that these charges will **continue** being deducted automatically until I submit a written request to the Township of Edison to discontinue direct debit from my account.

I agree that all insufficient funds will incur a \$20 returned check fee per Ordinance #O.1662-2008.

PRINT NAME: \_\_\_\_\_

SIGNATURE & DATE: \_\_\_\_\_

#### PLEASE INCLUDE:

- ▶ Voided Check, or
- ▶ Document from bank indicating routing & account information.

#### & RETURN TO: EDISON TAX COLLECTOR

May be dropped, mailed, faxed or emailed.  
Contact information in header above.

The Township of Edison 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.

PASTE VOIDED CHECK IN THIS AREA  
AS LOW AS YOU CAN IN THE PAGE.

AVOID COVERING THE SIGNATURE AND DATE