



EDISON
OFFICE OF THE TAX COLLECTOR

Lina Vallejo, Tax Collector

Thomas Lankey, Mayor

100 Municipal Boulevard
Edison, New Jersey 08817
Voice: (732) 248 - 7228
Fax: (732) 248 - 6434
Website: www.edisonnj.org
E-mail: TaxCollector@edisonnj.org

ACH DIRECT WITHDRAWALS AUTHORIZATION AGREEMENT

FOR PAYMENT OF (Please mark ALL that apply) →

- | | |
|--------------------------|-------|
| <input type="checkbox"/> | TAX |
| <input type="checkbox"/> | SEWER |
| <input type="checkbox"/> | WATER |

PROPERTY INFORMATION:

Block: _____ Lot: _____ Qualifier (if any): _____
Location: _____ Sewer 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 1st, May 1st, August 1st, and November 1st) and/or
- Sewer semi-annual payments (April 1st /October 1st) or as established 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: _____ SIGN AND DATE: _____

PLEASE INCLUDE:

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

& RETURN TO: EDISON TAX COLLECTOR,

100 MUNICIPAL BLVD,
EDISON, NJ 08817

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.

CHECK LIST FOR TOWNSHIP OF EDISON INTERNAL USE ONLY		Routing Number =>	<input type="checkbox"/> Needed	<input type="checkbox"/> Added
Received on/by: _____		Requested =>	<input type="checkbox"/> TAX	<input type="checkbox"/> SEWER
<input type="checkbox"/> Payment type requested is chosen and clear	Reviewed and placed on hold by/on: _____	Pay needed:	1 st Qtr \$	1 st Half \$
<input type="checkbox"/> Property and account information is included and clear		P/O was emailed <input type="checkbox"/>	2 nd Qtr \$	
<input type="checkbox"/> Voided check or bank letter included		phoned <input type="checkbox"/>	3 rd Qtr \$	2 nd Half \$
<input type="checkbox"/> Bank account info included and matches with voided check or letter		told in-person <input type="checkbox"/>	4 th Qtr \$	
<input type="checkbox"/> Application is signed and date		Entered:		
<input type="checkbox"/> Owner notified of any missed above by <input type="checkbox"/> email <input type="checkbox"/> phone <input type="checkbox"/> in-person		Verified:		
		Pre-Noted:		
Application complete and OK'd to process by/on: _____				