



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

(APPLICATION NEEDS TO BE RECEIVED AT LEAST 15 DAYS BEFORE FIRST PAYMENT DUE DATE)

FOR PAYMENT OF (Please mark ALL that apply) →

- TAX
- SEWER
- WATER

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: <input type="checkbox"/> Checking <input type="checkbox"/> 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 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: _____ SIGN AND DATE: _____

PLEASE INCLUDE:	& RETURN TO: EDISON TAX COLLECTOR
▶ Voided Check, or	May be dropped, mailed, faxed or emailed.
▶ Document from bank indicating routing & account information.	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