



# Township of Monroe

County of Middlesex

OFFICE OF TAX COLLECTOR:

**LUANN McGRAW-RUSSELL**  
Tax Collector

Municipal Complex  
One Municipal Plaza  
Monroe Township, NJ 08831  
Phone (732) 521-4405  
Fax (732) 521-5126

Return by: For payment on:

January 1    February 1  
April 1     May 1  
July 1      August 1  
October 1   November 1

## DIRECT ACCOUNT DEBIT AUTHORIZATION FOR AUTOMATIC QUARTERLY TAX PAYMENTS

### ACCOUNT INFORMATION

Name: \_\_\_\_\_

Property address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qualifier \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

### BANKING 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\*\*\*

### DIRECT DEBIT AUTHORIZATION

I hereby authorize Monroe Township 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 written request for Monroe Township to discontinue direct debit from my account.

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

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_