

BOROUGH OF RUMSON

MONMOUTH COUNTY

80 EAST RIVER ROAD

RUMSON, NJ 07760

Return By:	For Payment On:
January 20 th	February 5 th
March 20 th	April 5 th
April 20 th	May 5 th
July 20 th	August 5 th
September 20 th	October 5 th
October 20 th	November 5 th

OFFICE OF THE TAX COLLECTOR

Helen L Graves, CMFO/CTC

732-842-1170 Phone

732-219-0714 Fax

DIRECT ACCOUNT DEBIT AUTHORIZATION FOR AUTOMATIC TAX AND/OR UTILITY PAYMENTS

TAX/UTILITY ACCOUNT INFORMATION		
Name:		
Property Address:		
Block/Lot/Qualifier:		
Utility Account Number:		
Mailing Address:		
City, State, Zip:		
Daytime Phone Number:	Alt. Phone Number:	
E-mail Address:		

BANKING ACCOUNT INFORMATION		
Routing (ABA) Number:		
Bank Account Number:		
Bank Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
For account verification purposes, kindly attach a voided check. To Direct Debit from a savings account, attach a note from your bank listing the account and routing (ABA) numbers.		

DIRECT DEBIT AUTHORIZATION		
I hereby authorize the Borough of Rumson to debit my checking or savings account each collection period for the Municipal Charges I have indicated below. Taxes: February, May, August and November Sewer: April and October Drive-In Sanitation: December		
I understand that these charges will continue being deducted automatically from my checking or savings account until I make written request for the Borough of Rumson to discontinue the direct debit.		
Please Check:	<input type="checkbox"/> Municipal Taxes	<input type="checkbox"/> Utility Charges <input type="checkbox"/> Both Tax and Utility
Signature:		Date:
Print Name:		

FOR NEW ENROLLMENTS OR CHANGES IN EXISTING ENROLLMENTS ONLY!
Complete this form and mail to the above address. Your account will be pre-noted to verify account accuracy prior to the first actual debit to your account for municipal charges.

Contact the Tax Office at 732-842-1170 to verify when Direct Withdrawal will begin.