

Direct Account Debit Authorization for Automatic Tax and/or Utility Payments

TAX/UTILITY ACCOUNT INFORMATION						
New or Updated Acct.	□ New Direct Deb	ot Acct.	Updati	ing Existing Acct.		
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:	□ Checking			ings		
For account verification purposes, you must 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. <u>Taxes:</u> 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: Mu	nicipal Taxes 🔲 🗆	Jtility Charges		Both Tax and Utility		
Signature:			Date:			
Print Name:						

FOR NEW ENROLLMENTS OR CHANGES IN EXISTING ENROLLMENTS ONLY!

Complete this form and mail to:

Borough of Rumson, Finance Department, 80 East River Road, Rumson NJ, 07760

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.

Return By:	For Tax Payments On:	Return By:	For Utility Payments On:
January 10 th	February 5 th	March 10 th	April 5 th (Sewer)
April 10 th	May 5 th	September 10 th	October 5 th (Sewer)
July 10 th	SEE TAX BILL		
October 10 th	November 5 th	November 10 th	December 5 th (Drive-In Sanitation)