



WEST WINDSOR TOWNSHIP

Office of Tax Collection
271 Clarksville Rd, P.O. Box 38
West Windsor, NJ 08550

Return by:	For Payment on:
January 1, 2013	February 1, 2013
April 1, 2013	May 1, 2013
July 1, 2013	August 1, 2013
October 1, 2013	November 1, 2013

Please print this screen, complete the information below, attach voided check or voided savings account deposit slip, and mail to the Tax Collector at the address above

Questions? Call 609-799-2400 Tax Office

DIRECT ACCOUNT DEBIT AUTHORIZATION FOR AUTOMATIC QUARTERLY TAX PAYMENTS.

TAX ACCOUNT INFORMATION

Name: _____
Property Address: _____
Block: _____ Lot: _____ Qualifier _____ Daytime Phone Number: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

BANK 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*****

All insufficient funds will incur a \$20 processing fee

DIRECT DEBIT AUTHORIZATION

*I hereby authorize West Windsor 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 a written request for West Windsor Township to discontinue direct debit from my account.*

PRINT NAME: _____
SIGNATURE _____
DATE _____ EMAIL ADDRESS: _____

West Windsor Township 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.