



Township of Cranford

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

<u>Return by:</u>	<u>For payment on:</u>	ATTN: Tax Collector
January 1 st	February 4 th	Township of Cranford
April 1 st	May 4 th	8 Springfield Avenue
July 1 st	August 4 th	Cranford, NJ 07016
October 1 st	November 4 th	

DIRECT ACCOUNT DEBIT AUTHORIZATION FOR AUTOMATIC
QUARTERLY TAX/SEWER PAYMENTS

TAX ACCOUNT INFORMATION

Name: _____

Property Address: _____

Block: _____ Lot: _____ Qualifier: _____ Daytime Phone# _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Check to pay Tax ☐

Check to pay Sewer ☐

BANK ACCOUNT INFORMATION

Routing (ABA) Number: _____

Bank Account Number: _____

Bank Account Type: Checking ☐ 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 per Ordinance # 2003-40

DIRECT DEBIT AUTHORIZATION

I hereby authorize the Township of Cranford to debit my checking or savings account each quarter taxes and/or sewer are due. I understand that these charges will continue being deducted automatically from my checking/savings account until I make a written request for the Township of Cranford to discontinue direct debit from my account.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____ EMAIL ADDRESS: _____

The Township of Cranford 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. 47:1A01, et seq.