



Township of Springfield

COUNTY OF UNION

STATE OF NEW JERSEY

ESTABLISHED APRIL 14, 1794

FINANCE DEPARTMENT
TAX COLLECTOR

(973) 912-2204

maryjo.walsh@springfield-nj.us

MUNICIPAL BUILDING
100 MOUNTAIN AVENUE
SPRINGFIELD, NEW JERSEY 07081

DIRECT ACCOUNT DEBIT AUTHORIZATION FOR AUTOMATIC QUARTERLY TAX PAYMENTS

TAX ACCOUNT INFORMATION

Name: _____

Property Address: _____

Block: _____ Lot: _____ Qualifier: _____ Telephone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

BANK ACCOUNT INFORMATION

Routing (ABA) Number: _____

Bank Account Number: _____

Institution Name: _____ Bank Account Type: Checking / Savings

**** FOR ACCOUNT INFORMATION PLEASE INCLUDE A VOIDED CHECK OR A VOIDED SAVINGS ACCOUNT DEPOSIT SLIP WITH THIS APPLICATION. All insufficient funds will incur a \$35 processing fee per Revised General Ordinances #2-91.1

DIRECT DEBIT AUTHORIZATION

I hereby authorize the Township of Springfield 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 the Township of Springfield to discontinue direct debit from my account.

Print Name: _____ Date: ____/____/____

Signature: _____ E-Mail Address: _____

The Township of Springfield 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.

Your account must be current to begin this service. Print this form, neatly print and complete the information, attach a voided check or savings account deposit slip, and mail to the Tax Collector. Return by January 1st for payment on February 4th, April 1st for payment on May 4th, July 1st for payment on August 4th and October 1st for payment on November 4th.