



City of Summit, County of Union

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 shown below.

| | | |
|--|---|---|
| <u>Return by:</u> January 1 st April 1 st July 1st October 1th | <u>For Payment on:</u> February 4th May 4th August 4th November 4th | Attn: Tax Collector City of Summit City Hall 512 Springfield Ave. Summit, N.J. 07901-2667 |
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DIRECT ACCOUNT DEBIT AUTHORIZATION FOR AUTOMATIC QUARTERLY TAX PAYMENTS

TAX ACCOUNT INFORMATION

| | |
|-------------------|---|
| Name: | _____ |
| Property Address: | _____ |
| Block: | _____ Lot: _____ Qualifier: _____ Daytime Phone # _____ |
| 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 per Ordinance #10-2903 | |

DIRECT DEBIT AUTHORIZATION

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| I hereby authorize the city of Summit 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 account until I make a written request for the City of Summit to discontinue direct debit from my account. | |
| PRINT NAME: | _____ |
| SIGNATURE: | _____ |
| DATE: | _____ EMAIL ADDRESS: _____ |
| The City of Summit 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. | |