

**TOWNSHIP OF ROBBINSVILLE, MERCER COUNTY  
1201 WASHINGTON BOULEVARD  
ROBBINSVILLE, NJ 08691**

**Phone: (609) 426-0045 Fax: (609) 426-4127**

Dear Township of Robbinsville Property Owner,

Please sign and date this form so I can stop your ACH automatic withdrawal of taxes and mail back in the enclosed envelope.

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I \_\_\_\_\_ the undersigned wish to cancel any future direct deposit payments through the ACH from my account for payment of property taxes.

Address: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_