



**TOWN OF HAVERSTRAW
OFFICE OF RECEIVER OF TAXES
ONE ROSMAN ROAD
GARNERVILLE, NY 10923**

**DONNA M. ROSE
RECEIVER OF TAXES**

CREDIT CARD APPLICATION FOR TAX PAYMENT

FAX or MAIL this form with "Payment Stub" from the Tax Bill to the address above
**PLEASE NOTE: THERE IS A 2.45% CONVENIENCE FEE ADDED BY THE CREDIT CARD PROVIDER
(NOT THE TOWN OF HAVERSTRAW), FOR PAYMENT BY CREDIT or DEBIT CARD.**

Date: _____

BILL# _____

TAX MAP #:(from front of bill) _____

<u>CREDIT CARD INFORMATION</u>	
NAME SHOWN ON CREDIT CARD:	_____
ADDRESS OF CREDIT CARD HOLDER:	_____
	ZIP CODE: _____
<u>PROPERTY INFORMATION</u>	
PROPERTY OWNERS NAME:	_____
LEGAL PROPERTY ADDRESS:	_____
PHONE #:	E-MAIL: _____
MAILING ADDRESS (if different from above) _____	

Total Tax Due	\$ _____
Penalty Amount Due	\$ _____
(Payments made after Due Date...See Penalty Schedule on Tax Bill)	
Payments will be subject to penalty if transaction is cancelled by cardholder after Non-Penalty date.	
Convenience Fee: 2.45% of total due on tax bill	\$ _____
TOTAL CREDIT CARD CHARGE	\$ _____

CREDIT CARD # _____ EXP. DATE _____

PLEASE CIRCLE ONE: AMEX MASTERCARD Security# _____

VISA DISCOVER

AUTHORIZED SIGNATURE: REQUIRED

Multiple credit cards will NOT be accepted on ONE parcel. CANNOT BE COMBINED WITH ANY OTHER METHOD OF PAYMENT!

*DISCLAIMER: By signing this form I acknowledge that an additional charge, to be referred to as "Convenience Fee" will be added by the credit card provider, not the Town of Haverstraw, to the total Tax Bill Amount Due charged to my Credit Card Account, Tax Amount Due is considered PAID only after confirmation of receipt of funds into the Tax Receiver's Account from the Credit Card Company. Payments will be subject to Penalty if transaction is canceled by cardholder after non-penalty due date.