

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



**ANN M. MCGOVERN  
RECEIVER OF TAXES**

**(845) 942-3720  
Fax (845) 429-4650**

**CREDIT CARD APPLICATION FOR TAX PAYMENT**

BRING, MAIL or FAX this form with "Payment Stub" from the Tax Bill to the address above  
**PLEASE NOTE: THERE IS A 3.00% CONVENIENCE FEE ADDED FOR PAYMENT BY CREDIT CARD**

**DATE:** \_\_\_\_\_ **BILL#** \_\_\_\_\_

**TAX MAP #:** (from front of bill) \_\_\_\_\_

**CREDIT CARD INFORMATION**

**NAME SHOWN ON CREDIT CARD:** \_\_\_\_\_

**ADDRESS OF CREDIT CARD HOLDER:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_

**PROPERTY INFORMATION**

**PROPERTY OWNER'S 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: 3.00% Of total due on tax bill	\$ _____
<b>TOTAL CREDIT CARD CHARGE</b>	<b>\$ _____</b>

**CREDIT CARD #** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_

**PLEASE CIRCLE ONE: AMEX MASTERCARD VISA**

Debit cards cannot be accepted at this time  
Multiple credit cards NOT accepted for payments  
On ONE parcel. CANNOT BE COMBINED WITH  
ANY OTHER METHOD OF PAYMENT.

**AUTHORIZATION SIGNATURED: (REQUIRED)** \_\_\_\_\_

**\*DISCLAIMER:** By signing this form I acknowledge that an additional charge, to be referred to as "Convenience Fee" will be added 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 cancelled by cardholder after non-penalty due date.**