

TOWN OF ST. ALBANS

Authorization Agreement for Direct Payments (ACH Debits) of Real Estate Taxes

I hereby authorize the Town of St. Albans Treasurer's office to initiate the automatic payment of my real estate taxes, by debiting my bank account, as indicated below. The automatic payment amount, frequency and transaction date, will correspond as disclosed on the annual tax bill that is provided to me.

If, at any time, I decide to discontinue this payment service for any reason, for example, sold property, transferred property, escrowed taxes in mortgage payment, closed bank account, etc., I will notify the Treasurer, in writing, of such, at least 10 days prior to the tax due date.

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: _____

REAL ESTATE TAX ADDRESS: _____

PARCEL ID# (from tax bill): _____

NAME OF BANK OR CREDIT UNION: _____

ROUTING AND TRANSIT NUMBER: _____

BANK ACCOUNT NUMBER: _____ CHECKING _____ SAVINGS _____

Please attach a VOIDED check at the bottom if this is to be taken from a checking account.

SIGNATURE: _____

DATE: _____

For Office Use Only	
Enrollment received: _____	Start date: _____
Date changed: _____	Termination date: _____