# Town of Montgomery

PO Box 356 Montgomery Center, VT. 05471 (802) 326-4719

## ACH Authorization Agreement

Property Owner:	Phone: (D)(E)
Mailing Address:	Email Address:
City/State/Zip:	Parcel ID:

Physical Address of Property:\_

This form MUST be returned to our office two (2) weeks prior to the due date / withdrawal date. NOTE: Your account MUST be current to enroll in this service.

_ Please pay my Property Tax Bill by automatic debit from my bank account in two
installments: on the due dates in August and November.

Please pay my Property Tax Bill by automatic debit from my bank account in one lump sum on the due date in November.

I hereby authorize the Town of Montgomery to initiate ACH debit(s) from my account below for the full amount due on the dates stated above. If the date falls on a holiday or weekend, the transaction will occur on the next business day. If the funds are not available in the account on the day of the transaction, a \$25 return check fee will be assessed. The Town reserves the right to revoke this service in the event that payments are not processed due to insufficient funds AND will require a substitute payment in the form of cash, bank check or money order.

This written authorization shall remain in effect until a written notice is received from me to terminate this agreement or the Town terminates the agreement. I assume full responsibility to contact the Town in the event that I sell or transfer my property or if I change my banking information.

#### Attach a voided check with bank routing and account numbers

#### IN THIS SPACE

### to facilitate this request. (Deposit slips are NOT acceptable)

Bank / Credit Union Name:	Routing Number:				
Account Number:	_ Type ( <i>circle one</i> ): <u>Checking / Savings</u>				
Bank / Credit Union Address:					
City	State	Zip Code			
Signed:	Date:				
~~~ Do not write below this line. Office Use Only ~~~					
Received By (Initials): Date: Entered	l By (Initials):	Date:			