



## AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

**Completed forms must be received 10 business days before payments are due.**

Property Taxes       Utility Service

I (we) hereby authorize the City of St. Albans, to initiate the automatic payment of my quarterly Property Tax and/or Utility Service payments by debiting my (our) bank account as indicated below. The automatic payment amount, frequency and transaction date will correspond as disclosed on the annual tax bill or quarterly Utility Service Billings or disclosed on my payment agreement form that is provided to me. If at any time I decide to discontinue this payment service for any reason (e.g. sold property, transferred property, escrowing taxes in mortgage payment, closed bank account), I will notify the Finance Department in writing of such at least 10 days prior to the due date.

***PLEASE PRINT***

Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Telephone # (Day): _____	Telephone # (Evening): _____	
Email: _____		
<i>PROPERTY and UTILITY LOCATION (if different from mailing address above)</i>		
Address: _____		
Parcel ID Number (and Utility Number if different) _____		
Financial Institution (Bank): _____		
Bank Route and Transit Number: _____		
Bank Account Number: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
<b>ATTACH A COPY OR VOIDED CHECK</b>		
Signature: _____	Date: _____	
I acknowledge the origination of this debit transaction to my account must comply with the provisions of U.S. law.		

If any questions please contact Ashley Jean at [A.jean@stalbansvt.com](mailto:A.jean@stalbansvt.com) or 802-524-1500 EXT. 257

<b>FOR OFFICE: ONLY</b>	Enrollment Received by: _____	Start Date: _____
	Date Received: _____	Termination Date: _____
	Termination Received by: _____	