

Town of Warren Vermont

ACH Tax payment Agreement Form

Authorization Agreement

I hereby authorize Town of Warren Vermont to initiate monthly/quarterly/yearly withdrawals to my account at the financial institution named below.

Further, I agree not to hold Town of Warren Vermont responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution withdrawing funds to my account.

This agreement will remain in effect until Town of Warren Vermont receives a written notice of cancellation from me or my financial institution.

Bank Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Please attach a voided check or deposit slip

Property information

Parcel ID: _____

Property owners Name: _____

Property address: _____

Payments: _____ monthly _____ quarterly _____ yearly*

Amount, (if monthly or quarterly): _____

*taxes are due on November 10, yearly payments will be processed on November 1, unless Sat/Sun, will process on the following Monday. Monthly payments will be processed on the 5th of each month, and quarterly will be processed on Jan 5, April 5, July 5 and Nov 1.

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____