

Town of West Rutland

Authorization Agreement of Pre-authorized Payment of Taxes and/or Utility (Water & Sewer) bills

IT'S EASY... NO STAMP NEEDED... NEVER MISS A PAYMENT

Name: _____

Property Location: _____

Mailing Address: _____

Phone Number of Owner: _____

Property Tax Parcel ID # _____

Utility Bill Account # _____

**THIS FORM NEEDS TO BE RETURNED TO OUR OFFICE TWO WEEKS PRIOR
TO THE DUE DATE THAT YOU WANT TO BEGIN**

_____ Please pay my property taxes by automatic payment on the due dates of August 15, November 15 and May 15 or the next business day if the due date is a holiday or weekend.

_____ Please pay my utility bill (water and sewer) on the due dates of April 15 and October 15 or the next business day if the due date is a holiday or weekend.

I hereby authorize the Town of West Rutland to initiate debit/credit entries to my account below for the full tax amounts and/or utility bills due on the dates stated above. If the date falls on a holiday or weekend the transaction will occur on the following business day. If funds are not available in the account on the day of the transaction a 5% penalty on the tax amount due and \$40.00 return fee will be assessed. Funds unavailable for the last tax quarter in May will also be assessed an additional 8% collector's fee. The Town reserves the right to remove this service from my account if the account becomes delinquent due to lack of funds available and may require a substitute payment in the form of a bank check or cash to bring the account current.

This written authority is to remain in full force and effect until a written notice is received from me to terminate this agreement, or the Town terminates this agreement due to lack of funds, or delinquent account status. I will contact the Town of West Rutland if I sell or transfer the property or if I change my account from which this payment will be taken.

PLEASE ATTACH A VOIDED CHECK WITH BANK ROUTING NUMBER AND ACCOUNT NUMBER TO FACILITATE THIS REQUEST. (A DEPOSIT SLIP IS NOT ACCEPTABLE)

Bank or Credit Union Name: _____ ABA# _____

Account # _____ (verify with financial institution) Circle type: Checking or Savings

Bank Address: City: _____ State: _____ ZIP: _____

Signed: _____ Date: _____

Return or mail the original to: Town of West Rutland Treasurer's Office
35 Marble Street West Rutland, VT 05777 Phone: 802-438-2263