

TOWN OF BARRE DIRECT DEBIT ENROLLMENT APPLICATION

You may now sign up to have your quarterly property tax and sewer use payments transferred electronically from your bank account to the Town. If you sign up for this program, we will debit your bank account for the exact amount of each installment on the actual due date. In the event a due date falls on the weekend or a holiday, your account will be debited on the next business day.

To enroll, complete and submit this application **TO THE OFFICE OF THE TOWN TREASURER 15 DAYS BEFORE AN INSTALLMENT IS DUE.** You must provide a blank, voided check or savings deposit slip for the account you wish to have debited. You may enroll at any time.

Please read the form carefully and bring all the necessary information with you when you come to the Treasurer's Office to sign up.

TOWN OF BARRE, VERMONT DIRECT DEBIT PROGRAM APPLICATION

Name of property owner(s): _____

I, herewith authorize the Town of Barre to debit my bank account listed below. The amount debited is to be used expressly for the payment due to the Town of Barre on my ___property ___sewer ___water (Barre Town Water System only) accounts and will be collected on each of the payment due dates.

(Delinquent Collections: Amount \$ _____ Frequency: ___Weekly ___Bi-Weekly ___Monthly)

Town Tax/Sewer Account Number _____.

Bank Account # _____ Bank Name: _____.

Bank Routing #: _____ **CHECKING** _____ or **SAVINGS** _____ (Check One)

I hereby acknowledge that I have signature authority on the above listed bank account and agree that sufficient funds will be available in said bank account on the above listed dates to permit payment of the above listed charges. I understand that failure to maintain sufficient funds in the above listed account will result in the Town assessing interest and penalties on the taxes at the rates as stated on the tax bill.

I agree that this direct debit authority will remain in effect until **I provide at least ten (10) days written notice of its cancellation** to the Town of Barre Treasurer's Office. I further agree that if **I sell the property or change the bank I use**, I will notify the Town of Barre Treasurer's Office within ten (10) days of the change.

_____ X _____
(Print Name) (Legal Signature)

Daytime phone number () _____. Date: _____

THE BANK INFORMATION MUST BE VERIFIED BY THE TREASURER'S OFFICE AND THE PARTICIPANT MUST OBTAIN A COPY OF THE APPLICATION PRIOR TO THE FIRST COLLECTION DATE.

Application received on ____/____/____. Receipt of copy of application (initial) _____.