

Town of Williston Direct Debit Form

Agreement for pre-authorized payments of Property Taxes and/or Water/Sewer/Stormwater Bills

Name: _____

Property Location: _____

Mailing Address: _____

Phone Number of Owner: _____

CHECK ONE OR BOTH:

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

Tax Parcel ID #: _____

Please pay my water/sewer/stormwater bill by automatic payment on the due dates of March 30, June 30, September 30 and December 30 or the next business day if the due date falls on a weekend or holiday.

Water/Sewer/Stormwater Account #: _____

I hereby authorize the Town of Williston to initiate a debit/credit entries to my account below for the full tax or water/sewer/stormwater amounts due on the dates stated above. If the date falls on a holiday or weekend the transaction will occur on the following business day.

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 a lack of funds, or delinquent account status. I will contact the Town of Williston Treasurer's office 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 the bank routing number and account number with this request****

Circle type: Checking or Savings

Bank or Credit Union Name: _____

Routing #: _____ Account #: _____

Signed: _____ Date: _____

Return or mail original to:

Williston Town Treasurer's Office
7900 Williston Road
Williston, VT 05495
802-878-5121