



**AUTHORIZATION AGREEMENT FOR  
DIRECT PAYMENTS (ACH DEBITS)**

**Name:** \_\_\_\_\_

**Property Location:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

\_\_\_\_ Please pay my **taxes** by ACH Debit 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 direct debit on the due dates of March 31, June 30, September 30 and December 31 or the next business day if the due date falls on a weekend or holiday.

**Water/Sewer/SW Account #:** \_\_\_\_\_

*I hereby authorize the Town of Williston to initiate debit entries to my bank account below for the full amount 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 Treasurer's office if I sell or transfer the property or if I change my bank account from which this payment will be taken.*

**Bank or Credit Union Name:** \_\_\_\_\_

**Routing #** \_\_\_\_\_ [  ] Checking or [  ] Savings

**Account #** \_\_\_\_\_ [  ] Personal or [  ] Commercial

**Please attach a voided check with this request if using a checking account.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Return or mail original to: Williston Town Treasurer, 7900 Williston Road, Williston, VT 05495*