

**TOWN OF WILLISTON
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Name: _____

Property Location: _____

Mailing Address: _____

Phone Number of Owner: _____

____ 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 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 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 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.

Bank or Credit Union Name: _____

Routing # _____

Account # _____ [] Checking [] Savings

Please attach a voided check with this request.

Signed: _____ **Date:** _____

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