

TOWN OF SHARON, VT
ACH DEBIT AUTHORIZATION FORM for TAX PAYMENTS

AUTHORIZATION AGREEMENT – FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

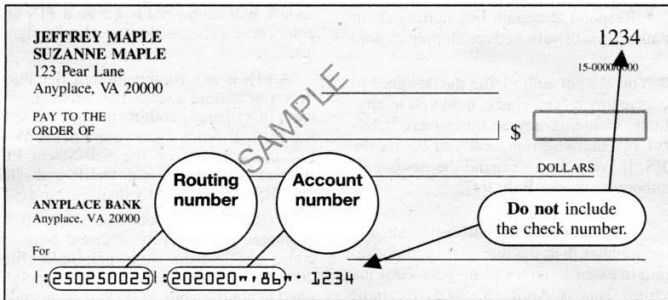
I hereby authorize the **TOWN OF SHARON** to initiate debit entries and any necessary correcting credit entries to my Checking or Savings account indicated below and the financial institution named below to debit the same to such account.

The dollar amount showing due on my tax bill will be drawn from the account indicated below on the tax due date. For Fiscal Year 2021, the due date for the first tax payment is 9/16/2020 and 2/10/2021 for the second.

Financial Institution Name & Address	Transit / ABA (Routing) Number
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account Number

This authority is to remain in full force and effect until the TOWN and FINANCIAL INSTITUTION have received written notification from me of its termination in such time and in such manner as to afford TOWN and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I have the right to stop payment of a debit entry by notification to FINANCIAL INSTITUTION at such time as to afford FINANCIAL INSTITUTION a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit credited to my account by FINANCIAL INSTITUTION, provided I send written notice of such debit entry in error to FINANCIAL INSTITUTION within 15 days following issuance of the account statement or 45 days after posting, whichever is first.

Town Parcel ID Number (not the span #):	Please attach a voided check for account verification purposes.
Property Location:	
Name (please print):	Phone #:
Mailing Address:	
Email:	
Signature	Date



Note. The routing and account numbers may be in different places on your check.

For more information, please contact:

Deb Jones, Finance Manager, at 802-763-8268 x8
financemgr@sharonvt.net

Margaret Raymond, Treasurer, at 802-763-8268 x3
treasurer@sharonvt.net

Get more payment choice information on the Town of Sharon's website at sharonvt.net.

To allow for time to process this ACH Debit Agreement, please submit this form at least 14 days before the tax due date (by Sept 2, 2020). We will confirm receipt of the form by email or mail.

Mail your completed form to:
 Town of Sharon
 PO Box 250
 Sharon, VT 05065

or

Drop your completed form at:
 The locked drop box at the
 Sharon Town Offices side entry
 located at 69 Route 132