MILTON
VERMONT

TOWN OF MILTON
P. O. Box 18
43 Bombardier Rd
MILTON, VT 05468
(802) 893-4111

www.miltonvt.gov

DIRECT DEBIT AUTHORIZATION AGREEMENT

PROPERTY TAX ACCOUNT ACH DEBIT

NAME(S) ON TAX BILL: _____
PARCEL ID NUMBER(S): _____
PROPERTY ADDRESS: _____
MAILING ADDRESS: _____
EMAIL: _____ PHONE: _____
NAME ON FINANCIAL ACCOUNT: _____
NAME OF FINANCIAL INSTITUTION: _____
ROUTING/ABA NUMBER: _____
ACCOUNT NUMBER: _____ CHECKING ☐ SAVINGS ☐

I hereby attest that the above listed account is not escrowed: _____(signature)
**If the account is currently escrowed through a mortgage company, the Town cannot accept this Direct Debit Authorization. **

PLEASE ATTACH A VOIDED CHECK

or Bank generated Checking Summary

I hereby authorize the Town of Milton to initiate the automatic payment of the installment amount due on my property tax bill by debiting the account(s) indicated above in **September, February and May. I hereby attest that the above listed account(s) is not escrowed.** I acknowledge that I have signature authority on the above listed bank account and agree that sufficient funds will be available in said account on the due dates to permit payment of the installment amount. I acknowledge that any returned payment will incur a returned payment fee, my account will go into arrears for the full amount of the returned payment in addition to the fee and the Town of Milton will terminate this agreement. I acknowledge that any prior installment balance from the current tax year must be paid in full prior to reinstatement into Direct Debit payments. **I attest that I do not currently have delinquent property taxes.**

If at any time I wish to discontinue this payment method, I will notify the Town of Milton by submitting the Direct Debit Account Termination Request at least 15 days prior to the next payment due date. I acknowledge that any change in financial institution or account must be submitted using the Property Tax Direct Debit Account Change form at least 15 days prior to the next payment due date.

My signature below acknowledges my willing entry into this agreement, which will comply with the provisions of U.S. law, and will remain in effect until my Direct Debit Termination Request form is received and processed. I have verified all property tax parcel ID(s) are included and banking information is correct. I acknowledge the Town of Milton is not liable for incorrect or missing account information provided on this form. If I sell the above property, I will notify the Town immediately via the Property Tax Termination form.

SIGNATURE: _____ DATE: _____

Please call (802) 893-4111 or email taxes@miltonvt.gov with any questions

OFFICE USE:
Enrollment Received Date: _____
Enrollment Activation Date: _____
Enrollment Termination Date: _____