MILTON
VERMONT

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

www.miltonvt.gov

DIRECT DEBIT ACCOUNT UPDATE REQUEST

PROPERTY TAX ACCOUNT ACH DEBIT

NAME(S) ON TAX BILL: _____

PARCEL ID NUMBER(S):_____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

EMAIL: _____ PHONE: _____

ENTER UPDATED ACCOUNT INFORMATION BELOW

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 any Direct Debit Account Update Request Authorization. **

PLEASE ATTACH A VOIDED CHECK

or Bank generated Checking Summary

I hereby authorize the Town of Milton to **UPDATE** the automatic payment of the installment amount due on my property tax bill by debiting the **UPDATED** account(s) indicated above. **I hereby attest that the above listed account is not escrowed.** I acknowledge that payment will be debited in **September, February and May**. 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 property tax bill. 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 the direct debit authorization agreement. **I attest that I do not have a delinquent tax balance.**

If at any time I wish to discontinue this payment method, I will notify the Town of Milton by submitting the Property Tax Direct Debit Account Termination Request at least 15 days prior to the next installment due date.

My signature below acknowledges my **REQUEST TO UPDATE** this agreement and my authority as the financial institution account holder to make this request, which will comply with the provisions of U.S. law, and will remain in effect until my Property Tax Direct Debit Account Termination Request form is received and processed. I acknowledge the Town of Milton is not liable for incorrect or missing account information provided on this 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: _____