## Town of Corinth Property Tax Payments APPLICATION FORM

## Direct Debit Program Sign-Up/Change Request Form RETURN APPLICATION BY AUGUST 1<sup>st</sup>

N	lew	Change	Effective Date		
Town. When amount of the p	you sign up for property tax pays	the AutoPay proment due on the ac	ogram, the Town will octual due date for each	onically from your bank account to the debit your bank account for the exact payment. <i>Refer to your tax bill for the</i> August 5 <sup>th</sup> to the *owner of record* as	
				FIFTEEN (15) DAYS PRIOR TO A IL THE FOLLOWING PAYMENT	
			nt to be debited when yo ONLY through banks l	ou sign up for the AutoPay program. located in the USA)	
Please read the	form carefully.				
I,		, here	ewith authorize the Tow	n of Corinth to debit my bank account	
listed below in authorization w Treasurer's Off	isted below in the exact amount of my property tax payment (U.S. funds) on the due date of each bill. Sa authorization will remain in effect until cancelled in writing. All cancellations must be <u>RECEIVED</u> in the Greasurer's Office at least fifteen (15) days prior to the property tax payment due date. Said authorization is the used expressly for the payment of my property tax account(s).				
Name(s) on Pro	perty Tax Accor	unt			
Parcel ID Numb	per(s)				
Bank Name Bank Address					
Bank Routing N	Number				
Bank Account N	Number				
Checking		or Savings _		(Check one)	
Be sure to cance	el direct debit w	hen property is sol	ld.		
funds will be a above account(s result in the Topayment due da \$25.00 service (15) days prior	vailable in said s). I understand own assessing interprete interprete. I also under to the paymen	bank account on I that failure to m nterest (and a del rty tax payment th erstand it is my t due date if ther	the property tax payme aintain sufficient funds linquent penalty fee on ten overdue at rates state responsibility to notify	bank account and agree that sufficient ont due dates to permit payment of the in the above listed bank account will a taxes outstanding after the February ed on the annual property tax bill and a the Town Treasurer at least fifteen nk name or account number. Failure ove.	
written notice o	f its cancellation	n to the Treasurer'		indefinitely, unless and until I provide the written cancellation notice must vment date.	
	Signat	ure		Date	
	Print N	ame		Mailing address: Treasurer's Office Town of Corinth PO Box 461	

Corinth, VT 05039

Daytime Phone Number