AUTOMATIC BANK ACCOUNT DEDUCTION FOR TAX PAYMENTS

The City of Burlington will issue an electronic withdrawal from your checking or savings account (U.S. Banks Only) and apply it to your tax bill free of charge. Deductions are made quarterly. For further information, please contact Ellen in the Burlington Clerk/Treasurer's Office at (802) 865-7020.

To sign up for this service, please complete the bottom of this form and attach a voided check or deposit slip. Please return this form to the **Burlington Clerk/Treasurer's Office**, **149 Church Street, Burlington, VT 05401, ATTN: Auto Tax Deduct.** If sending by email, please send to esundquist@burlingtonvt.gov. Completed forms must be received 3 weeks before property tax due dates. If you do not receive a confirmation letter within 2 weeks of submission, please call to confirm that we've received your information. **To stop this service, please send a written notice**.

AUTHORIZATION AND AGREEMENT FOR PREAUTHORIZED PAYMENTS

Name(s):_____

Phone#:_____ Email:_____

Property Address:_____ Parcel ID#_____

Mailing Address (if different):_____

I (we) hereby authorize the City of Burlington to initiate a debit entry to my (our) account indicate below the depository named below, to debit same to such account.

Name of Bank:_____ Phone #:_____

City:_____ State:_____ Zip:_____

9 Digit ABA Number*:__ __ __ __ __ __ __ __ __ Account# (include ALL zeros):_____

Type of Account: *The ABA Number is the first nine digits on the bottom of your check.

☐ Checking You may call your bank or financial institution to verify this number.

☐ Savings

*****Payments will be deducted quarterly on the due dates- the 12th of August, November, March & June*****

This authority is to remain in force and effect until the City of Burlington and Depository received written notification from me (or either of us) of its termination and in such manner as to afford the City of Burlington and Depository a reasonable opportunity to act on it.

_____ _____ Date:_____

Signature Signature

Attach Voided Check Here (Please Do Not Attach a Deposit Slip)

Clerk/ Treasurer's Use Only

Date Received:_____ (Stamped Date) Date of First Payment:_____

Date Prenoted:_____ Entered By:_____

Date Rejected:_____

Date 2nd Prenoted:_____ Entered By:_____