Town of
Monkton
VERMONT

(802) 453-3800
PO Box 12
Monkton, VT 05469
monktonvt.com

Delinquent Property Tax Payments

Form ta2026DE

DIRECT DEBIT PROGRAM SIGN UP/CHANGE REQUEST FORM

New: _____ **Change:** _____ **Effective Date:** _____

You may sign up to have your delinquent property tax repayment installments, per the terms of your fully executed Delinquent Tax Agreement Form, transferred electronically from your bank account to the Town. When you sign up for this program, the Town will debit your bank account for the exact amount of the tax repayment installments on the actual installment due date(s). Unless we receive written notification from you at least fifteen (15) days prior to the installment due date, we will automatically debit your account for the amount of the installment on the due date.

This form must be received by the Treasurer's Office at least fifteen (15) days prior to the installment due date or it will not be in effect until the following installment date. **It is your responsibility to confirm receipt of the form by the Treasurer.** If you include an email address, we will email confirmation and also email a reminder ten (10) business days date(s) prior to the installment date(s).

You must include a blank, voided check or deposit slip for the account you wish to have debited when you sign up for the program.

Please read the form carefully and enter all necessary information legibly.

I, _____, hereby authorize the Town of Monkton to initiate debit entries and any necessary correcting credit entries to my Checking or Savings account indicated below and the depository named below to debit the same to such account in the exact amount of my delinquent property tax repayment installment on the due date of the installments. Said authorization will remain in effect until cancelled in writing. All cancellations must be RECEIVED in the Treasurer's Office at least fifteen (15) days prior to the delinquent tax repayment installment date. Said authorization is to be used expressly for the repayment of my delinquent property tax account(s).

Name on Property Tax Account: _____

Parcel ID/ Account Number: _____

Depository/Bank Name: _____

Depository/Bank Address: _____

Routing Number: _____ **Account Number:** _____

Checking: _____ **or Savings:** _____ ***(Check One)***

I hereby acknowledge that I have signature authority on the above listed bank account and agree that sufficient funds will be available in said bank account on the installment date to permit payment of the above account. I understand that failure to maintain sufficient funds in the above listed bank account as of the installment due date(s) will result in breaking the terms of my Delinquent Tax Agreement Form, as well as incur applicable monthly interest plus a returned payment fee equal to the current rate of overdraft fees per the fee schedule of the depository institution with which the Town has its primary banking account. **I also understand that it is my responsibility to notify the Town if there is a change in my bank name or account number**. Failure to do so will result in breaking the terms of my Delinquent Tax Agreement Form, as well as incur applicable monthly interest.

I further agree that this authority is to remain in full force and effect until the Town and Depository have received written notification from me of its termination in such time and in such manner as to afford Town and Depository a reasonable opportunity to act on it, with such notice being received by the Town and Depository no less than fifteen (15) days prior to the next scheduled transfer. I have the right to stop payment of a debit entry by notification to Depository at such time as to afford Depository 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 Depository, provided I send written notice of such debit entry in error to Depository within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

****Please remember to notify the Town to cancel direct debit if and when the property is sold.**

_____ _____

Signature **Date**

_____

Printed Name

_____ _____

Daytime Phone Number **Email Address**

Information for Town of Monkton:
Date received: _____ ***Date entered in TA:*** _____ ***By:*** _____ ***Confirmation:*** _____