

TOWN OF DUXBURY

**Agreement for Pre-Authorized Payments of Property Taxes
(All Sections must be completed and this form **received** by October 1.)**

Name: _____

Phone: _____ E-mail: _____

Parcel ID #: _____ Mailing Address: _____

I hereby authorize the Town of Duxbury to initiate debit/credit entries to my account below on October 5 of each tax year, or on the next business day if that day falls on a holiday or weekend.

This written authority is to remain in full force and effect until written notice is received from me to terminate this agreement, or the Town terminates this agreement due to lack of funds, or delinquent account status. I will contact the Town of Duxbury Treasurer's Office if I sell or transfer the property or if I change my account from which this payment will be taken.

Please attach a voided check with the bank routing number and account number with this request. Note: most Money Market accounts are Checking accounts.

Bank or Credit Union Name: _____ Circle Type: Checking or Savings

Account Holder Name: _____

Routing #: _____ Account #: _____

Bank Address: _____

State: _____ Zip: _____

Signed: _____ **Date:** _____

Return or mail original to:

*Town of Duxbury
Attn: Treasurer
5421 VT Route 100
Duxbury, VT 05676
Phone: (802) 244 – 6660*