TOWN OF SOUTH HERO, VERMONT

PO Box 175
South Hero, Vermont 05486

Phone 802-372-5552 x2 ♦ Fax 802-372-3809

Direct Debit

Elect to have tax payments automatically withdrawn from your bank account.

How it Works

- Tax payments will be automatically withdrawn from the authorized bank account on the due dates listed on your tax bill.
- If a due date falls on a Saturday, Sunday, or holiday, the payment will be withdrawn on the next business day.
- You must authorize us to withdraw funds by completing the **Direct Debit Form.**
- The form must be submitted to the Town Office **15 days *prior*** to the effective due date:

  PO Box 175, South Hero, VT 05486 OR treasurer@southherovt.org

- You will continue to receive a bill once a year to inform you of the due dates and payment amounts.
- Payments will continue indefinitely until we receive written notification from you to stop or change payments.
- Any requests for cancellations or changes to direct debit payments must be received **15 days *prior*** to a due date.
- Contact the Treasurer at 802-372-5552 x2 with questions.

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Direct Debit Form

New Change Effective Date _____

Account(s) to be enrolled in direct debit: **Tax**

This form must be **IN THE TREASURER'S OFFICE AT LEAST FIFTEEN (15) DAYS PRIOR TO A PAYMENT DUE DATE OR IT WILL NOT BE IN EFFECT UNTIL THE FOLLOWING PAYMENT DUE DATE.**

I, _____, herewith authorize the Town of South Hero to debit my bank account listed below in the exact amount of my payment on the due date of each bill. 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 tax payment due date. Said authorization is to be used expressly for the payment of my tax account(s).

Name on Tax Account _____

Parcel ID Number(s) _____

Bank Name _____

Bank Routing Number _____ ☐ Checking or ☐ Savings

Bank Account Number _____

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 payment due dates to permit payment of the above account. I understand that failure to maintain sufficient funds in the above-listed bank account will result in the Town assessing interest on the balance due at rates stated on the annual tax bill plus a $25.00 service fee. **I also understand that it is my responsibility to notify the Town at least fifteen (15) days prior to the payment due date if there is a change in my bank name or account number.** Failure to do so will result in the Town assessing interest and fees as outlined above. **Please call the Town Office to cancel the direct debit payment when your property is sold.**

I further agree that this direct debit authorization will remain in effect indefinitely, unless and until I provide at least fifteen (15) days written notice of its cancellation to the Treasurer's Office.

_____ _____
Signature Date

_____
Printed Name Daytime Phone Email

Return to: Town of South Hero, PO Box 175, South Hero, VT 05486 OR treasurer@southherovt.org