

Office Use Only:

Date Set-Up: \_\_\_\_\_ Discontinue Date: \_\_\_\_\_ Reason \_\_\_\_\_  
Authorized By \_\_\_\_\_ Authorized by: \_\_\_\_\_

**Town of Rockingham/Bellows Falls Village Corporation**  
**Quarterly Property Tax Payment**  
**Direct Debit Program Sign Up/Change Request Form**

New \_\_\_\_\_ Change \_\_\_\_\_ Effective Date \_\_\_\_\_

You may sign up to have your monthly Property Tax installments transferred electronically from your bank account to the Town of Rockingham/Bellows Falls Village Corp. When you sign up for this program, the Town/Village will debit your bank account for the exact amount of the quarterly Property Tax installment on the actual due date for each installment. You will continue to receive your bill in the mail.

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.

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

I, \_\_\_\_\_, herewith authorize the Town of Rockingham/Bellows Falls Village Corp. to debit my bank account listed below in the exact amount of my quarterly Property Tax installment on the due date of each bill. Said authorization will remain in effect until cancelled in writing. All CANCELLATIONS must be in the Finance/Tax Office at least fifteen (15) days prior to the Property Tax installment due date. Said authorization is to be used expressly for payment of my Property Tax account(s).

Name on Property Tax Account \_\_\_\_\_

Property Tax Account/Parcel Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Routing Number (first set of 9 numbers of your account) \_\_\_\_\_

Bank Account Number (second set of 9 numbers on your account) \_\_\_\_\_

Is this a Checking Account \_\_\_\_\_ or Savings Account \_\_\_\_\_

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 Property Tax installment 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/Village assessing interest and penalties on my Property Tax account at rates stated on my Property Tax Bill and a \$25.00 service charge for insufficient ACH funds will be assessed per occurrence.

I, also understand that it is my responsibility to notify the Town/Village if there is a change in my bank name or account number. Failure to do so will result in the Town/Village assessing interest and penalties on the overdue Property Tax installment as outlined on your bill.

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 Finance/Tax Office.

I, also understand that if I have two (2) consecutive insufficient ACH direct debit attempts from my account, my ACH Direct Debit program will be cancelled by the Town of Rockingham/Bellows Falls Village Corporation.

Please cancel direct debit when your property is sold or transferred.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_