

AUTOMATIC TAX PAYMENT PROGRAM

Enrollment Form

_____ **YES!** I would like to enjoy the safety and convenience of enrolling in a free Automatic Tax Payment Program.

To enroll, simply:

1. Write "VOID" across a check for the checking account from which you want your tax payment to be withdrawn and complete the account information section at the bottom of this page, OR if you would like your payments withdrawn from your savings or money market account, please complete the account information section at the bottom of this page.
2. Sign this form and mail it with your voided check (if applicable) 45 days prior to the next installment due date to:

Town of Essex
Attn: Finance
81 Main Street
Essex Jct., VT 05452

I authorize the Town of Essex to instruct my financial institution to deduct Town and School property tax payments directly from my account. If at any time I wish to discontinue the service, I will simply notify the Town of Essex in writing, within 15 days of my next scheduled payment.

Owner's Signature

Date

Property Location

Tax Account Number

ACCOUNT INFORMATION

Checking Account

Savings Account

Name (Please print)

Daytime Telephone Number

Address

Email Address

Bank's Name

Account Number

Bank Routing # _____