TOWN OF NORWICH- TAX PAYMENT AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize <u>Town of Norwich</u>, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

(Financial Institution Name)	(Branch)	
(Address)	(City/State)	(Zip)
(Routing Number) (Account Number)	Type of Acct:	_Checking Savings
This authority is to remain in :	full force and effe	ct until COMPANY has

received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

Parcel ID#

Signature

Date

Property Address

OR

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

Return form to:

Town of Norwich Finance Office PO Box 376 Norwich, VT 05055 Or fax to: 802-649-0123

Or e-mail: rrobinson@norwich.vt.us