

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

I (we) hereby authorize Town of Norwich, 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: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

This authority is to remain in full force and effect 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#
	OR
Signature	Property Address
Date	

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