

**Town of Norwich – Tax Payment  
Authorization Agreement  
Direct Debit (ACH Payments)**

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.

\_\_\_\_\_  
**Name of financial institution**

\_\_\_\_\_  
**Branch**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip code**

\_\_\_\_\_  
**Routing (ABA) number (bottom lower left on check)**

\_\_\_\_\_  
**Account number (next to routing number)**

Type of account debit is to come out of:    **Checking** \_\_\_\_\_    or    **Savings** \_\_\_\_\_

\_\_\_\_\_  
**Name or names as listed on the above account (account holder(s) name(s))**

This authority is to remain in full force and in effect until the **COMPANY** has received written notification from me or either one of us on the above account, of its termination in such time and manner as to afford the **COMPANY** and **FINANCIAL INSTITUTION** a reasonable amount of time to act on the change. Such change can be mailed in to the below address or faxed to 1-802-649-0123

Please attach a copy of the check for the account listed above.. If a copy of a check is not possible or one doesn't use checks anymore, please get a letter from your financial institution that has all the needed information on it. (ABA number, account number, etc...)

**Return this form, copy of a check, or letter to:**

Town of Norwich; Attn: Finance Office; P. O. Box 376; Norwich, VT 05055

Fax number: 1-802-649-0123

Phone: 1-802-649-1419 ext. 106

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Signature                  and                  Date**

\_\_\_\_\_  
**Signature                  and                  Date**

**\*\*\*\*Parcel number or property address as listed on tax bill is needed:**

\_\_\_\_\_