

**Authorization Agreement for Town of Brandon Direct Payments
(ACH)**

I (we) hereby authorize Town of Brandon, hereinafter called COMPANY to initiate debit entries to my (our) Checking/Savings Account indicated below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization also allows the Company to adjust the amount of debit entries to my (our) account described below for any fluctuations in the amount due for our real estate tax fluctuations based on a change in the original tax year.

ATTACH VOID CHECK OR DEPOSIT TICKET TO THIS DOCUMENT AND MAIL TO TREASURER, 49 CENTER STREET, BRANDON VT 05733

Checking Account: _____ Savings Account: _____

Routing Number: _____ Account Number: _____

Payment Amount: \$ _____ Due Date: 8/15, 11/15,
2/15, 5/15

THIS AUTHORIZATION 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 IN SUCH MANNER AS TO AFFORD COMPANY AND DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON IT.

Name (s) _____
(Please Print)

Date: _____ Signature _____

Date: _____ Signature _____