

Town of Strafford

Direct Debit Authorization Agreement

To enroll in the direct debit program, submit this completed agreement to the Treasurer's Office at least fifteen (15) days prior to a payment due date with an attached voided check. Applications received within fourteen (14) days of the due date will NOT go into effect until the following payment due date. This program is available ONLY through US banks.

I authorize the Town of Strafford to debit my bank account listed below in the exact amount of my property tax payment on the due date.

Property Owner as appears on Property Tax Bill: _____	
Parcel ID#: _____ (Use a separate form for each parcel)	
Property Location: _____	
Email: _____	Phone: _____
Bank Account Holder Name: _____	
Bank Name: _____	
Account #: _____	Routing #: _____
Account Type: ☐ Checking	☐ Savings

I hereby acknowledge that I have signature authority on the above listed bank account and agree that sufficient funds will be available in said account on the due dates to permit payment of the above property tax account. I understand that failure to maintain sufficient funds in the above listed bank account will result in the Town assessing interest and delinquent penalty fees on any overdue balance at rates stated on the annual property tax bill. **I also understand that it is my responsibility to notify the Town at least fifteen (15) days prior to the payment due date if there is a change to my bank account.**

If you currently have this agreement on file in the Treasurer's office, you do not need to resubmit it each year. I further agree that this direct debit authorization will remain in effect indefinitely, unless and until I provide at least fifteen (15) days written notice of its cancellation to the Treasurer's Office.

Signature: _____ Date: _____

☐ New Application	☐ Update	By: _____
Received: _____	Processed: _____	Effective: _____