

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH DEBITS)

I (we) hereby authorize Rappahannock County Treasurer's Office, to initiate debit entries to my (our) _____ Checking _____ Savings account (select one) indicated below.

FREQUENCY: ____X____ Monthly on the 15th or next business day

ACCOUNT NAME _____

PHONE NUMBER _____

BANK NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING/ABA _____ (MUST BE NINE DIGITS)

ACCOUNT NO _____

PAYMENT AMOUNT _____

Payments should be credited to the account/parcel below:

TAXPAYER ACCOUNT NO: 157 _____

PARCEL/VIN _____, _____, _____

IF PAYMENT EXCEEDS AMOUNT OF ALL OUTSTANDING BILLS A REFUND WILL BE ISSUED.

PLEASE MAKE MY FIRST WITHDRAWAL STARTING THE MONTH OF _____ AND CONTINUING UNTIL _____.

NAME(S) _____, _____

(PLEASE PRINT)

SIGNED X _____

SIGNED X _____

DATE _____

PLEASE NOTE A \$25 FEE WILL BE ASSESSED IF FUNDS ARE NOT AVAILABLE AT TIME OF WITHDRAWAL. CANCELLATION MAY BE MADE BY THE FIRST OF THE MONTH.

*****ATTACH A VOIDED CHECK*****