



DIRECT DEBIT AUTHORIZATION FORM

Please include a check with "void" written across it from the account you wish to use in paying the bills noted below. Be sure to keep a copy of the completed form for your records.

Name _____ Telephone _____

Mailing Address _____ Email _____

Please pay the following on their respected due dates:

Real Estate/Property Tax: Location: _____

Parcel ID # _____

Personal Property Tax: Location: _____

Property ID _____

Water/Sewer Bill Location _____

Account # _____

Motor Vehicle Excise Bills Name: _____

List all names to be paid

Name: _____

Name: _____

Financial Institution: _____ Account Number _____

Please Check One: Checking _____ Savings _____

By completing this form, I understand that I authorize my bank or other financial institution to make payments directly from my account noted above to the Town of Amherst for the purpose of paying the bills listed above. I control these payments and if at any time I wish to discontinue my participation in the "direct debit program", I may do so by notifying the Town Collector/Treasurer (Town Hall - 4 Boltwood Avenue, Amherst, MA). Such notification must be in writing and received by the Collector/Treasurer 21 days before I wish the service to be discontinued. I agree to notify the Collector/Treasurer's Office of any change in my financial institution, bank account number, property ownership, additional listed names on accounts, or any other changes to my direct debit account.

Signature: _____ Date _____