

Direct Debit Authorization Agreement
City Clerk's Office

Name _____

Property Address _____

Email _____

Telephone _____

Property Tax **Water/Sewer**

I hereby authorize The City of Winooski, VT to initiate an Automatic Debit to my (select one) indicated below and the depository named below, hereinafter called Depository, to debit same to such account.

Name of Financial Institution _____

Account # _____

Checking **Savings**

ABA # _____

Usually the first nine digits on the bottom of your check. Contact your financial institution to verify.

This authority is to remain in full force and effect until the City of Winooski and Depository have received written notification from me of its termination in such time and in such manner as to allow the City of Winooski and Depository a reasonable opportunity to act on it.

Account Holder's Signature _____

Date _____

