

# City of Rutland

Authorization Agreement for Pre-authorized Payments of Tax Bills

***Easy, No Hassle...Never Miss a Payment!\****

Name: \_\_\_\_\_

Property Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number of Owner: \_\_\_\_\_

Account Number/Parcel ID#: \_\_\_\_\_ (parcel ID on tax bill)

***THIS FORM NEEDS TO BE RETURNED TO OUR OFFICE THREE WEEKS PRIOR TO THE DUE DATE THAT YOU WANT THIS TO BEGIN.***

***Note: Your account must be current to enroll in this program. Thank you.***

\_\_\_\_ Please pay my property taxes by automatic payment on the due dates of August 31, November 15, February 15 and May 15, or the next business day if the due date is a holiday or weekend.  
*Available to Rutland City taxpayers only.*

I hereby authorize the City of Rutland to initiate debit/credit entries to my account below for the full tax amount due on the dates stated above. If the date falls on a holiday or weekend the transaction will occur on the following business day. If funds are not available in the account on the day of the transaction a 5% penalty on the tax amount due and a \$40.00 return fee will be assessed. Funds unavailable for the last tax quarter payment in May will also be assessed an additional 8% collector's fee. The City reserves the right to remove this service from my account if the payments are late or unpaid due to lack of funds available and may require a substitute payment in the form of a bank check or cash to bring the account current.

This written authority is to remain in full force and effect until a written notice is received from me to terminate this agreement, or the City terminates this agreement due to lack of funds, or delinquent account status. I will contact the City of Rutland if I sell or transfer the property or if I change my account from which this payment will be taken.

***You must attach a voided check with bank routing number and account number to facilitate this request!  
(A DEPOSIT SLIP IS NOT ACCEPTABLE)***

Bank or Credit Union Name: \_\_\_\_\_ ABA# \_\_\_\_\_

***Circle Type: Checking -or- Savings*** Account # \_\_\_\_\_ (Verify with financial institution.)

Bank Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*\*subject to funds availability as noted above.*

**Return or mail the original to: City Of Rutland Treasurer's Office, 52 Washington Street,  
PO Box 969, Rutland, VT 05702-0969 Phone: 802-773-1800 (revised 02/20/19)**