

Town of Concord

Electronic Funds Transfer Authorization

Name: _____

Name of Bank/Credit Union: _____

Bank/Credit Union Address: _____

ABA/Routing Number: _____

Account #: _____ Account Type: ___checking ___savings

I hereby authorize the Town of Concord to debit my account as listed above in the following manner:

Amount: _____ Date of First Transaction: _____

Frequency: ___ Monthly ___ Weekly ___ Bi-Weekly

___ Other _____

Reason for Transaction: _____ *Delinquent Tax Payments* _____

At any time there are insufficient funds to complete the transaction; this agreement will become void. When the date of transaction falls on a Saturday, Sunday or bank holiday, the transaction will occur on the next available business day.

This authority is to remain in full force and effect until The Town of Concord has received written notification from me of its termination in such time and manner as to afford the Town of Concord a reasonable opportunity to act on it.

Signature

Date