

Town of Concord

Electronic Funds Transfer Authorization

Name: _____

Name of Bank/Credit Union: _____

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: (please check one)

One Time Only Annual (on tax due date each year for total due)

Monthly Weekly Bi-Weekly

If choosing a recurring transaction, please list the specific date or day of the month or week you would like the transaction to occur: _____

Reason for Transaction: property tax payments _____

Parcel Number: _____

If 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 authorization must be received by the Treasurer's Office at least one week before the first payment can be scheduled to occur.

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