

**Town of Grand Isle
Tri-Annual Property Tax Payment
Direct Debit Program Sign Up/Change Request Form**

New: _____

Change: _____

Effective Date: _____

You may sign up to have your property tax installments transferred electronically from your bank account to the Town of Grand Isle. When you sign up for this program, the Town will debit your bank account for the exact amount of the tri-annual property tax installment on the actual due date for each installment. You will continue to receive your annual Property Tax Bill in the mail.

Unless we receive written notification from you at least fifteen (15) days **prior** to the installment due date, we will automatically debit your account for the amount of the installment on the due date.

You must bring a blank, voided check or deposit slip for the account you wish to have debited when you sign up for the program.

I, _____, herewith authorize the Town of Grand Isle to debit my bank account listed below for the exact amount of my tri-annual property tax installment on the due date for each installment. Said authorization will remain in effect until cancelled in writing. All **CANCELLATIONS** must be in the Municipal Town Clerk/Treasurer's Office at least fifteen (15) days **prior** to the property tax installment due date. Said authorization is to be used expressly for payment of my property tax account(s).

Name on Property Tax Account_____

Property Tax Account/Parcel ID Number(s)_____

Bank Name_____

Bank Address_____

Bank Routing Number (first set of 9 numbers of your account)_____

Bank Account Number (second set of 9 numbers on your account)_____

Is this Bank Account set up for Business/Commercial Use_____ or Personal Use_____

Is this a Checking Account_____ or Savings Account_____

I hereby acknowledge that I have signature authority on the above listed bank account and agree that sufficient funds will be available in said bank account on the property tax installment due dates to permit payment of the above account.

I understand that failure to maintain sufficient funds in the above listed bank account will result in the Town assessing interest and penalties on my property tax account at rates stated on my Property Tax Bill and a \$25.00 service charge for insufficient ACH funds will be assessed per occurrence.

I also understand that it is my responsibility to notify the Town if there is a change in my bank name or account number. Failure to do so will result in the Town assessing interest and penalties on the overdue property tax installment as outlined on your bill.

I further agree that this direct debit authorization will remain in effect indefinitely unless, and until, I provide at least fifteen (15) days **prior** written notice of its cancellation to the Municipal Town Clerk/Treasurer's Office.

I also understand that if I have two (2) consecutive insufficient ACH direct debit attempts from my account, my ACH Direct Debit program will be cancelled by the Town of Grand Isle.

Please cancel direct debit when your property is sold or transferred.

Signature_____

Date_____

Printed Name_____

Daytime Phone_____

Email_____

Method Confirmed with Taxpayer_____

Office Use Only- Date Set-up_____ Discontinue Date_____ Reason_____ Authorized by_____