



COUNTY OF ALBEMARLE

Department of Finance
401 McIntire Road
Charlottesville, Virginia 22902-4596
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Fax (434) 296-5887

AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK DEDUCTION

Bank Draft Payment (ACH) Enrollment

Complete the ACH authorization agreement form below to enroll in the automatic bank draft payment option. This application must be returned to our office with a VOIDED check and signatures of all account holders named on the account no later than **21 days prior to the tax due date**. Once activated, the actual withdrawal from your bank account will occur on the next regular tax billing cycle due date and each regular billing cycle due date thereafter until this agreement is terminated. Supplemental tax bills are not eligible for this program.

Withdrawal/Termination

You may withdraw from the ACH payment option thereby terminating this agreement by completing the form below at least twenty-one (21) days before the next tax due date. Withdrawal requests submitted less than twenty-one (21) days before the due date will terminate the agreement after the current tax bill payment has been processed by your financial institution.

Change of Banking Accounts

You may change bank accounts by completing the form below and enclosing a VOIDED check from your new bank account at least twenty-one (21) days before the tax due date. New bank accounts submitted less than twenty-one (21) days before the due date will be updated after the current tax bill has been processed by your financial institution from your former bank account.

Returned ACH Payments

ACH payments returned for insufficient funds or incorrect account information will be automatically inactivated from the ACH payment option and the account holder may not re-enroll for one year. Any applicable late payment penalties, interest, and all other applicable fees, including NSF fees, will apply.

Automatic Debit (ACH) Authorization Form (please print):

DETACH AND RETURN COMPLETED FORM TO: ENROLL _____ WITHDRAW _____ CHANGE BANK ACCOUNT _____

| | |
|--------------------------------|--|
| Name on Account _____ | Please Check One Checking _____ Savings _____ |
| Service Address _____ _____ | Name of Bank _____ |
| | Bank Account # _____ |
| Phone # _____ | ABA / Routing # _____ |
| Email Address _____ | Tax Account(s) # _____ |

I/we authorize the County of Albemarle to initiate debit entries to my bank account at the financial institution named above for payment of taxes on the tax due date listed on the bill or the first business day thereafter. This authorization is to remain in force and effect until the County of Albemarle has received written notification from me of its termination in such time and manner as to afford the County of Albemarle and the financial institution a reasonable opportunity to act upon it. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of United States law.

SIGNATURE

DATE