



Town Of Johnson

P.O. Box 383

Johnson, VT 05656

802-635-2611

Lydia Beach Putvain, Treasurer

lputvain@townofjohnson.com

Property Tax Automatic Bank Debit Authorization

New Enrollment ☐ Change Bank Information ☐ Cancel Existing Authorization ☐

Taxpayer & Property Information

Taxpayer name(s) as shown on tax bill: _____

Parcel ID: _____

Property address: _____

Mailing address (if different): _____

Email address: _____

Phone Number: _____

Bank Account Information

Name on bank account: _____

Financial institution: _____

Routing number (9 digits): _____

Bank account number: _____

Account type: ☐ Checking ☐ Savings Account use: ☐ Personal ☐ Business

Please attach a voided check or other bank-issued document showing the routing and account numbers.

Do not attach a deposit slip that does not show the full required account information.

Authorization And Important Terms

1. I authorize the Town of Johnson to initiate recurring electronic debits (ACH withdrawals) from the bank account identified above for the property tax installments billed to the property tax account identified on this form. Each debit will be for the installment amount due as shown on the Town's tax bill, including any applicable interest or charges included in the amount then due, to the extent permitted by law and Town policy.
2. I understand that debits are intended to occur on the installment due date. The timing of processing by the Town, its payment processor, and my financial institution may affect when a debit appears in my account. I remain responsible for ensuring that each tax installment is paid in full and on time, even if a debit is delayed, rejected, or not completed. I will review my bank statements and tax bills to confirm payments.

3. I will maintain sufficient available funds in the designated account. If a debit is returned, rejected, or cannot be completed, I understand that the payment may be treated as unpaid and that applicable interest, penalties, and returned-payment or processing fees may be assessed as allowed by law and Town policy. The Town may suspend or terminate this service after returned payments or other processing problems.
4. I am responsible for notifying the Town in writing if the bank account is closed or changed, if the account information changes, or if I wish to cancel this authorization. Written notice must be received at least 15 calendar days before the next scheduled debit to allow time for processing. If notice is received later, the next debit may still be processed. I should contact the Town to confirm that a change or cancellation has been received and applied.
5. This authorization remains in effect for future property tax installments until the Town receives and processes my written cancellation, or the Town terminates the service. Selling or transferring the property does not automatically ensure cancellation; I will notify the Town promptly. I understand that I may need to submit a new authorization if the property tax account or bank account changes.
6. This authorization applies only to the property tax account identified on this form. It does not authorize debits for other properties, fees, utility bills, or other obligations unless separately authorized.
7. I certify that I am an account holder or otherwise have authority to authorize debits from the bank account listed above. I authorize my financial institution to honor these entries. I understand that this authorization is subject to applicable ACH rules and the terms of my deposit account.
8. The Town will use the banking and contact information provided for administering this payment authorization and will protect it in accordance with applicable law and Town practices. Information may be disclosed when required by law or as necessary to process, administer, or resolve a payment.

IMPORTANT: Automatic debit is a payment convenience, not a guarantee that a tax bill has been paid. Please keep sufficient funds available and confirm that each payment has cleared.

Signature And Consent

By signing below, I confirm that I have read and agree to the authorization and terms above.

Authorized account holder signature: _____

Printed name: _____

Date: _____

Town Office Use Only

Date received: _____

Entered by: _____

Effective Date: _____

Notes: _____

Return the completed form and bank documentation to the Town Treasurer.

Town of Johnson • 293 Lower Main W, PO Box 383, Johnson, VT 05656
(802) 635-2611 • Hours: Monday – Friday 7:30 am – 4:00 pm • townofjohnson.com