

# AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Budget your real estate taxes on a monthly basis by having your Bank, Savings & Loan or Credit Union account automatically drafted. All you have to do is give your authorization on the attached form and return it to the Botetourt County Treasurer's Office.

The amount you indicate will be deducted on the 3<sup>rd</sup> of each month. Please note that if the 3<sup>rd</sup> falls on a bank holiday or a weekend, your account will be debited on the next business day.

Your bank statement will serve as your confirmation of payment. No other receipt of payment will be sent.

You will receive a tax bill that will reflect the amount received through the **most recent** payment from your bank draft and indicate any balance due at the time the bills are printed. This would allow you to pay the balance due prior to the due date. **Your total payments cannot exceed the annual amount due.**

If you do not have sufficient funds in your account to cover the draft, the County will treat this as a "return item" in the same manner a check is returned for insufficient funds. A \$30.00 return check fee will be charged in addition to any fees your bank may charge you. After *two* returned drafts, this account will be removed from the plan.

You may cancel the pre-authorized tax payment at any time. You need to give us enough time to cancel your automatic draft. We must have your notification in writing prior to the 15<sup>th</sup> of the month to ensure stopping the pre-authorized draft for the following month.

I (we) hereby authorize Botetourt County, to initiate debit entries for payment of:

**Real Estate Tax in name of** \_\_\_\_\_

RPC # \_\_\_\_\_ (This number is located above the map number in the center of your real

estate tax bill) Account # \_\_\_\_\_

to my ( ) **checking**, ( ) **savings** account at the Financial Institution indicated below and to debit same account the 3<sup>rd</sup> of each month effective \_\_\_\_\_.

## Your Financial Institution Information

**Bank Name** \_\_\_\_\_

**Bank Address** \_\_\_\_\_

(street)

(city)

(state)

(zip)

**Routing Number** \_\_\_\_\_ **Account Number** \_\_\_\_\_

**Monthly Withdrawal Amount** \$ \_\_\_\_\_ (total payments cannot exceed annual amount due)

**\*\*Important: PLEASE ATTACH COPY OF VOIDED CHECK\*\***

This authorization is to remain in full force and effect until Botetourt County has received written notification of termination from the within named account holder(s) by the 15<sup>th</sup> of the month. Authorizations received after the 15<sup>th</sup> of the month will take effect the following month.

I (we) understand and agree that I will be responsible for and will pay a returned item fee of \$30.00 which will be assessed for each debit that is returned to Botetourt County as a "returned item".

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_