



Automatic Tax Payment Program

Enrollment Form

Complete all of the information below, sign this form and drop it off at the Town Clerk's office or mail it to:

Town of Colchester
Attn: Town Clerk's Office
781 Blakely Rd
Colchester, VT 05446

I authorize the Town of Colchester to instruct my financial institution to deduct my property tax payments directly from my checking or savings account on the due date. If sufficient funds are not available in the specified account on the date of withdrawal I understand that my tax account will not be credited with a timely payment. I also understand that my account will then become delinquent and will be assessed penalty and interest as specified on my property tax bill.

Signature _____ Date _____

Parcel Address _____

Parcel ID # _____

Name(s) on Parcel _____

Mailing Address _____

Email Address _____ Daytime Phone # _____

Bank Name _____

Routing # _____ Acct # _____

Please check one: Checking _____ Savings _____

We recommend that you include a copy of a check or deposit slip with "void" written across it to help insure we have the correct information.

If at any time you want to terminate your participation in the program or change the account information, you must notify us in writing.