



**Town of Calais  
Property Tax Payment  
Direct Debit Authorization Form**

**New** \_\_\_\_\_ **Change** \_\_\_\_\_ (Check One)      **Effective Date** \_\_\_\_\_

I, \_\_\_\_\_, herewith authorize the Town of Calais to debit my bank account listed below in the exact amount of my Calais property tax bills on the due date of each bill. Said authorization is to be used expressly for payment of my Calais property tax account(s) and will remain in effect until cancelled in writing. All cancellations must be in the Calais Town Office at least fifteen (15) days prior to the due date, otherwise the Town will automatically debit your account on such due date.

**Name on Property Tax Account** \_\_\_\_\_

**Parcel ID Number #1** \_\_\_\_\_ **#2** \_\_\_\_\_ **#3** \_\_\_\_\_ **#4** \_\_\_\_\_ **#5** \_\_\_\_\_

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

**Bank Routing Number** \_\_\_\_\_

**Bank Account Number** \_\_\_\_\_

**Checking Account** \_\_\_\_\_ **Savings Account** \_\_\_\_\_ (Check One)

**To enroll, you must submit a voided check, deposit slip or screen shot for the account you wish to have debited in order for staff to verify bank account information.**

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 due dates to permit payment of the above property tax account(s). I understand that I am responsible for the information provided on this form and that any penalties or interest resulting from mistakes are my responsibility and will not be waived by the Town of Calais.

I understand that failure to maintain sufficient funds in the above listed bank account will result in the Town assessing interest and/or penalties on my property tax account(s) at rates stated on my tax bill, and a \$25.00 service charge for insufficient ACH funds may be assessed per occurrence, and that the service charge is subject to change in the future.

I 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/or penalties on the overdue property tax installments as outlined on the bill. I also understand that I am responsible for canceling direct debit authorizations when my property is sold or transferred.

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Printed Name :** \_\_\_\_\_ **Email:** \_\_\_\_\_

|                    |                   |
|--------------------|-------------------|
| Office Use Only    |                   |
| Date Set-Up: _____ | Date Ended: _____ |
| By: _____          | By: _____         |