



Town of New Paltz

PO Box 550, 52 Clearwater Rd, New Paltz, NY 12561
(845) 255-0604 / Fax: 255-4084
www.townofnewpaltz.org

AUTHORIZATION OF ELECTRONIC PAYMENT (ACH WITHDRAWAL)

(Note: No fees are incurred with this payment option)

Please Check One: Initial Authorization or Change of Acct# or Financial Institution

****PLEASE PRINT****

ACT #: _____ - _____

DATE: _____ PROPERTY LOCATION _____ Section _____ Lot _____ Block _____

MAILING ADDRESS: _____

Address City State Zip

PHONE NUMBER: _____ (H) _____ (Cell) EMAIL: _____

BANK INFORMATION: Please submit a VOIDED check and/or bank provided ACH instruction.

BANK NAME: _____ BANK ADDRESS: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

ACCOUNT TYPE: Checking Savings

AUTHORIZATION: I, _____, authorize the Town of New Paltz to electronically debit the account identified here **MONTHLY** for Water/Sewer payments. Such payments will be debited from the account on the **20th day of the month** that the utilities are due (January through December). If the 20th day of the month occurs on a weekend or holiday, the payment will be effective the next business day. Applications for ACH payments must be received at least **10 days prior** to the date of the next payment.

Please attach a VOIDED check on the account that you wish to have debited for the purpose of verifying the Bank information. **PLEASE NOTE THAT ACCOUNT NEEDS TO BE CURRENT TO BEGIN ACH.**

This authorization shall remain in effect until it is cancelled in writing by me, _____, by sending written notice at least 10 days prior to the date of the next scheduled debit.

Signature of Account Holder

Date

*****Mail completed form and attachment to the address listed above, Attention: Water/Sewer Dept.**