



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)

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

****PLEASE PRINT****

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.

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.