Town of South Hadley
Collector's Office
116 Main Street, South Hadley, MA 01075
Phone: 413-538-5020 Fax: 413-538-7565
taxcollector@southhadley.org

DIRECT DEBIT AUTHORIZATION FORM

Please include a check with "VOID" written across it from the account you wish to use in paying the bills noted below. Be sure to keep a copy of the completed from for your records.

Name_____ Telephone:_____

Address:_____

E-Mail:_____

Please pay the following as they come due:

REAL ESTATE TAX:	Location: _____
8/1, 11/1, 2/1, 5/1	Map & Parcel _____
PERSONAL PROPERTY	Business Name:_____
8/1, 11/1, 2/1, 5/1	Location: _____
SEWER USE FEE	Location: _____
Twice A year, Nov. & May	Account No._____
CURBSIDE PICK-UP FEE	Location:_____
Once a year, Feb.	Account No._____
MOTOR VEHICLE EXCISE:	Name:_____
List all names to be paid for	Name:_____
Once a Year	Name:_____

I authorize the Town of South Hadley and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you, in writing, 21 days prior to the date I wish to terminate the service. I can stop payment of any entry by notifying my financial institution three days before my account is charged.

Name of financial institution_____ Branch_____
Address_____
Account No._____ Routing No._____ Checking___Savings_____

By completing this form I understand that I authorize my bank or other financial institution to make payments directly from my account noted above to the Town of South Hadley for the purpose of paying the bills listed above. I control these payments and if at any time I wish to discontinue my participation in the "Direct Debit Program" I may do so by notifying the Town Collector. Such notification must be in writing and received by the Collector 21 days before I wish the service to be discontinued. I agree to notify the Collector's Office of any change in my financial institution and/or bank account number which is to be debited.

_____ _____
Signature Date