



Augusta County Treasurer's Office  
 Jacqueline C. Nash, Treasurer  
 P O Box 590  
 Verona, VA 24482  
 Phone: 540-245-5660  
 Fax: 540-245-5663

**Augusta County Treasurer's Office  
 ACH Recurring Debits Authorization**

I (we) hereby authorize the Augusta County Treasurer's Office hereinafter called the COUNTY, to initiate debit entries to my (our)

- Checking       Savings Account      *(select one)*

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit or credit the same to such account. If the selected date falls on a holiday or weekend, payment will be deducted the next business day. I understand that funds will not be transferred to the County if there are insufficient funds in my account and that I will be subject to a \$30 returned check fee.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number
Home: _____
Work: _____

Depository Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

- Same amount to be debited each billing period \$ \_\_\_\_\_
- I approve varying amount between a range of \$ \_\_\_\_\_ and \$ \_\_\_\_\_
- Varying amount not to exceed \$ \_\_\_\_\_

Frequency of Payments: *(select one)*     Monthly     Lump sum on Tax Due Date

Real Estate Map Number(s): \_\_\_\_\_

Personal Property Account(s) Number: \_\_\_\_\_

I understand that this authorization is to remain in full force and effect for the number of payments authorized above or until the COUNTY has received written notification from me (or us) of its termination. Written notification must be received by the County at least 10 days before the next scheduled deduction. I understand that all taxes must be paid on or before the tax due dates. I further understand that the County will bill me before the tax due date for any taxes not paid and that any balance outstanding after the tax due date will accrue late payment penalty and interest.

I have read and agree to the terms and conditions contained on this Authorization Agreement.

Name: \_\_\_\_\_ I.D.#: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ (if joint account)

*\*Please attach a voided check/deposit slip to this authorization.*