

AUTHORIZATION AGREEMENT FOR THE PRE-AUTHORIZED PAYMENTS

I (we) hereby authorized the County of Isle of Wight, VA to initiate debit entries for payment of :

Real Estate Tax (Customer # or Parcel #) _____
Personal Property (Customer # or PPID#) _____
Utilities - water / sewer (Customer # or Acct #) _____
Stormwater Fees (Customer # or Acct #) _____

to the account and to the financial institution listed below:

NAME OF YOUR FINANCIAL INSTITUTION _____
CITY _____ STATE _____ ACCOUNT # _____

****Important: Please attach a void check to your completed application form.****

Debit my bank account as I have indicated below:

Monthly \$ _____ or on the due date for Real Estate
 Monthly \$ _____ or on the due date for Personal Property
 Monthly \$ _____ or on the due date for Utilities
 Monthly \$ _____ or on the due date for Stormwater

All owners of above property must sign.

Soc. Sec. # _____ Soc. Sec. # _____
Name _____ Name _____
Signature _____ Signature _____
Daytime Phone _____ Daytime Phone _____
Date _____ Date _____
Email _____ Email _____

This authority is to remain in full force and effect until the County of Isle of Wight receives written notification from me (or either of us) of its termination in such manner as to afford the County a reasonable opportunity to act upon such notice. A customer has the right to stop payment of a debit entry by notification to the financial institution prior to the charging of the account. After the account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his account by his financial institution up to 15 days following issuance of state of account or 60 days after the charge, whichever occurs first.

I (we) understand and agree that any mistake or failure of the financial institution to pay over taxes to the County or failure of the financial institution to pay the amount specified in this agreement, or amendments thereto, including penalty and interest there on as applicable, shall remain the responsibility of the undersigned. Further, I (we) understand and agree and I (we) am (are) responsible for any increase in tax assessments or the rate which may be established from time to time by the Board of Supervisors. I (we) understand and agree that I (we) will be responsible for and will pay a return item fee of \$50.00 which will be assessed for each debit that is returned (regardless of the reason) to the County of Isle of Wight as a "Return Item".