



# County of Dare

P.O. Box 1000 | Manteo, North Carolina 27954 | 252.475.5000

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

**Company Name:** Dare County Tax Department

PO Box 1000

Manteo, NC 27954

**Customer Parcel Number:** \_\_\_\_\_

I (we) hereby authorize Dare County Tax Department, hereinafter called COMPANY, to initiate credit entries or such adjusting entries, either debit or credit which are necessary for payment or corrections, to my (our) **Checking** ( ) or **Savings** ( ) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit (or debit) the same to such account.

**Depository Name:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Bank Transit/ABA No:** \_\_\_\_\_ **Account No:** \_\_\_\_\_

**# of Monthly Payments:** \_\_\_\_\_ **Amt. of Monthly Payment:** \$ \_\_\_\_\_

**Recurring Date of Payment:** 5<sup>th</sup> or 20<sup>th</sup> of each month (circle one)

This authority is to remain in full force and effect unless/until notified by account holder otherwise, so long as the status of the above referenced parcel is current.

*If payment is rejected by the Depository, statutory return check fees of 10% of the amount of the payment will be assessed.*

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

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

Please attach a voided check from the account to be debited.