AUTOMATIC BANK DRAFT AUTHORIZATION FORM

All information is required before processing.

PERSONAL INFORMATION	**FINANCIAL INFORMATION**
Name (Please Print)	Name of Financial Institution
Home Address	Financial Institution Address
City, State and Zip	Financial Institution City, State and Zip
Telephone Number	Financial Institution Telephone Number

Type of Account: (Please check one) Checking _____ (provide voided check) Savings _____	Bank Routing Number	Bank Account Number

I grant authority to the Town of Queensbury to draft my account listed above for payment amounts due on the account (s) listed below. I understand this will take effect the next billing cycle. The financial institution listed above is authorized to pay such drafts when so drawn and presented for payment until authority is revoked.

_____ _____

Signature (as accepted by your Financial Institution) Date

PLEASE LIST BELOW ACCOUNT NUMBER(S) FOR EACH ACCOUNT YOU WOULD LIKE TO BE PAID BY BANK DRAFT:

SERVICE ADDRESSES & CORRESPONDING ACCOUNT NUMBERS: _____

_____

_____

_____

Forward Completed Authorization Form (and voided check if applicable):

Town of Queensbury
Attn: Tax Receiver's Office
742 Bay Road
Queensbury, NY 12804

If you have questions, please contact the Receiver of Taxes at (518) 761-8234