



AUTOMATIC BANK DRAFT AUTHORIZATION FORM

All information is required before processing.

<u>PERSONAL INFORMATION</u>		<u>FINANCIAL INFORMATION</u>	
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	
Email address:			
Type of Account:	Bank Routing Number	Bank Account Number	
Checking <input checked="" type="checkbox"/> (provide voided check)			

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 with a voided check:

Queensbury Tax Receiver's Office
742 Bay Road
Queensbury, NY 12804
(518) 761-8237