

Authorization Agreement For Pre-Authorized Payments

I (we) hereby authorize the City of Chesapeake, Virginia, to initiate debit entries for payment of:

Real Estate Tax (Map and Parcel) _____

Personal Property Tax, (Title Number[s]) _____

Retiree Insurance Premiums (Participant Name) _____

(attach separate list if more space is necessary)

to the account indicated below and the financial institution listed below to debit same to such account each month.

Name of Your Financial Institution _____

City _____ State _____ Account Number _____

**** Important: Please attach a voided check or deposit slip****

Debit my bank account as I have indicated below:

- Monthly \$ _____ or On the due date for each Real Estate Tax Bill
- Annually \$ _____ On the annual due date (June 5) for Personal Property Taxes
- Monthly \$ _____ Retiree Insurance Premiums to be deducted on the 5th of each month

This authority is to remain in full force and effect until the City of Chesapeake receives written notification from me (or either of us) of its termination in such manner as to afford the City a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to the Financial Institution prior to charging account. After account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his account by Financial Institution up to 15 days following issuance of statement 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 City or failure of the Financial Institution to pay the amount specified in this agreement, or amendments thereto, including penalty and interest thereon as applicable, shall remain the responsibility of the undersigned. Further, I (we) understand and agree that I am (we are) responsible for any increase in tax assessments or the rate which may be established from time to time by the City Assessor or City Council. I (we) understand and agree that I (we) will be responsible for and will pay a return item fee of \$35.00 which will be assessed for each debit that is returned to the City of Chesapeake as a "Return Item".

All owners of above property must sign

Soc. Sec. # _____

Name _____

Signed _____

Daytime Phone _____

Date _____

Soc. Sec. # _____

Name _____

Signed _____

Daytime Phone _____

Date _____

FILL-IN, PRINT, COMPLETE, & SEND TO:

City of Chesapeake Treasurer's Office
P.O. Box 16495
Chesapeake, VA 23328-6495