



**TOWN OF CASTLETON, VERMONT**

**Electronic Funds Transfer (EFT)  
Tax Payment Program Enrollment Form**

Please check one:  New Participant  Current EFT Participant with Bank or Account Changes

**Town of Castleton Account Information**

Tax  Sewer  Both

Please mark accordingly and provide account numbers below. Incomplete forms will not be processed.

Name of property owner(s) as it appears on tax bill \_\_\_\_\_

Parcel ID Number(s) \_\_\_\_\_

Property address \_\_\_\_\_

Sewer ID Number(s) \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Preferred contact phone/email: \_\_\_\_\_

**Bank Information:** Type of Account:  Checking  Savings

Name(s) on Bank Account \_\_\_\_\_

Bank Routing/ABA Number (9-digits) \_\_\_\_\_

Your Bank Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Phone Number \_\_\_\_\_

Please direct any questions about this section to your bank.

**Signature Section:** I hereby authorize Town of Castleton to initiate debit entries to my checking or savings account indicated above for the payment of my tax and/or sewer bill. I further authorize the bank or financial institution named above to debit such account. I understand the debit will be made up to 3 days prior to the due dates printed on the tax and/or sewer bill. This authority shall remain in full force and effect until revoked by me, my bank or financial institution or the Town of Castleton. I acknowledge that I read and understand the Town of Castleton Payment Program Details.

Account Holder(s) Signature for Authorization \_\_\_\_\_

Date \_\_\_\_\_

Please attach a voided check here. Must be received 10 days prior to due date.

If you would like us to debit your savings account, check with your local bank to ensure you have provided us with the correct ABA Number.

Mail completed form to Town of Castleton, Attn: Tax Dept, 263 Route 30 North, Bomoseen, VT 05732

Questions? Email [Tax@CastletonVT.org](mailto:Tax@CastletonVT.org) or Call 802-468-5319 x204 or Dial 0