

PROCESSED: _____

SURRY COUNTY TAX DEPARTMENT
915 EAST ATKINS STREET
PO Box 576
DOBSON, NC 27017
336-401-8100
taxcollections@co.surry.nc.us

ACH AUTHORIZATION FOR PAYMENT OF PROPERTY TAXES, EMS FEES

Please Print

NAME _____

MAILING ADDRESS _____

HOME PHONE # _____

CELL PHONE# _____

EMAIL ADDRESS _____

TYPE OF ACCOUNT CHECKING SAVINGS

NAME OF BANK _____

ROUTING# _____

BANK ACCOUNT # _____

PROPERTY TAXES, EMS FEES TO BE INCLUDED IN THE BANK DRAFT

ACCOUNT		BILL #		ACCOUNT	BILL#	
ACCOUNT		BILL #		ACCOUNT	BILL#	

I authorize the Surry County Tax Department to automatically debit my bank account for the payment of my property taxes, ems fees and ach fee for the calendar year _____. This authorization will be in effect until the taxes are paid in full unless I notify Surry County *in writing* that I no longer wish to have my account drafted. I select the 5th or 20th (**choose one**) day of each month as the date on which my property taxes/ems fees should be drafted from my bank account. Depending on which day I choose, the first draft will be charged to my account on (Date)_____ and end (Date)_____. Interest will begin at a rate of 2 percent on January 5 of the following year the tax became due. Interest will accrue thereafter monthly at a rate of ¾ of a percent. The amount that I have agreed with the Surry County Tax Department to be drafted from my account including the \$5.00 fee is _____. The last draft may include interest if it is not paid by January 5th.

\$_____ per month.

I understand there is a yearly \$5.00 fee for this service.

I understand that by NCGS: 105-357(b)(2) a \$25 returned check fee or 10% of the check amount or electronic invoice, whichever is greater, subject to a maximum of one thousand dollars (\$1000).

SIGNATURE _____ **DATE** _____

PLEASE ATTACH A BLANK CHECK MARKED "VOID" OR BANK LETTERHEAD WITH BANKING INFORMATION