



# CHESTERFIELD COUNTY TREASURER'S OFFICE

## *Automatic Payment Service - Authorization Form*

Rebecca R. Longnaker, CPA  
Treasurer

### TERMS OF AGREEMENT

*I (we) hereby authorize the Treasurer of Chesterfield County, Virginia to automatically debit my bank account (voided check attached) for payment of the following:*

#### PERSONAL PROPERTY TAX

Debit full amount of taxes and registration fees on the due date (June 5th for annual bills; on the due date of supplemental bills) for the following account(s). Your tax **account number** is listed in the upper right corner of each personal property tax statement.

Tax Account # (see Statement)	Name(s) on Account (see Statement)

#### REAL ESTATE TAX

Debit full amount of taxes and fees billed on the due dates of June 5th (1st half) and December 5th (2nd half). Your **account number** is listed in the upper right corner of each real estate tax statement.

Tax Account # (see Statement)	Map Parcel # (see Statement)	Name(s) on Account (see Statement)

### AUTHORIZATION FOR BANK DEBITS

**(ALL INDIVIDUALS on the BANK Account MUST complete the section below and sign)**

I (we) authorize the Treasurer of Chesterfield County, Virginia to automatically debit my BANK account for the payments indicated above. This authorization is to remain in effect until the Treasurer receives written notice from an owner on this bank account of its termination, at least 10 days before due date. I also understand that if I change or close my bank account, I must immediately contact the Treasurer's Office, APS Section, at 804-748-1855. Furthermore, I agree that the failure of my financial institution to honor such payment requests will result in termination of this service, and applicable penalty and interest charges will be assessed.

SSN: _____ - _____ - _____	Name: _____
Address: _____	
Daytime Phone #: _____	Email Address: _____
Signed: _____	Date: _____

SSN: _____ - _____ - _____	Name: _____
Address: _____	
Daytime Phone: _____	Email Address: _____
Signed: _____	Date: _____

Please make a copy of this signed form for your records, and return the original with a **VOIDED CHECK** to:  
**Rebecca R. Longnaker, Treasurer, Attn: APS Section**  
**P.O. Box 70, Chesterfield, VA 23832**