

# TOWN OF BETHLEHEM

Albany County - New York

## OFFICE OF RECEIVER OF TAXES

445 DELAWARE AVENUE

DELMAR, NEW YORK 12054

(518) 439-4955 x1177

Fax: (518) 439-4730

Email: nmendick@townofbethlehem.org



*Sam Messina*  
Town Supervisor

*Nancy Mendick*  
Receiver of Taxes

### **Bank Draft Authorization:**

I authorize the Town of Bethlehem Tax Department to establish an Automatic Bill Payment to pay my future Property and School tax bills. I also authorize the financial institution named below to charge my checking or savings account to pay the tax bill. This information is confidential and will be used for the Tax Department purposes only. I understand that the tax bill will be sent to me to notify me of the amount to deduct from my account. The amount will be deducted approximately one (1) week before the due date. Application deadline is 11/30 for the January Property Tax payment and 7/31 for the September School Tax payment.

Bank Name:

Bank Account Number:

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Account Holder Name:

Routing Number (ABA):

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Account Type (check one):     Checking (MUST attach voided check)  
   Savings (MUST attach deposit slip)

This authorization will remain in effect until written notification is provided to the Town of Bethlehem Tax Department to modify or cancel the authorization. Such requests must be received by 11/30 for property taxes and by 7/31 for school taxes. Any billings processed prior to receipt of the request will be drawn in accordance with the existing authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address and Tax ID Number (from old tax bill) to be bank drafted

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Daytime telephone number \_\_\_\_\_