Dinwiddie County Treasurers Office
P.O. Box 178, Dinwiddie, VA., 23841
804-469-4500, opt.5 Treasurer@dinwiddieva.us

Pre-Payment Program Agreement

Name	SSN/FEIN

I/we authorize Dinwiddie County Treasurer's Office and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account for payments of my accounts for taxes owed, and the financial institution to debit this account.

Payment Amount $_____

Dinwiddie County Treasurer's Office will draft my account on the days I designate each month. This authorization will remain in effect until the next due date or:

A. Treasurer's Office is contacted in writing at least five (5) business days before the next scheduled electronic transfer to cancel.

B. An adjustment form is filled out by taxpayer at least five (5) business days in advance for new vehicles, abatement of vehicles, amount drafted adjustment, or account information changes.

Financial Institution

Bank Name: _____

Routing Number

Account Number

Please attach a copy of a voided check to your form. Drafts returned to the Treasurer's office marked "Returned" and not honored within ten (10) days may jeopardize this agreement, and are subject to a return check charge of $35.00

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Tax Account Number	Tax Type (Example: Personal Property, Real Estate, Business License)	Name On The Account	Dollar Amount To Apply To Each Tax
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

Please note that tax paid is based on the taxpayers' amount to deduct. This can result in an overpayment or underpayment of taxes due. Taxpayer will be responsible for the remaining balance due along with upcoming due dates. Nonpayment or balances due will result in penalty and interest.

Taxpayer Signature	Date	Phone Number	Email