



**City of Alexandria
Department of Finance
Treasury Division**

alexandriava.gov/Treasury

P.O. Box 323
Alexandria, VA 22313

Phone: 703.746.3902
Fax: 703.706.3977

Dear Taxpayer:

Thank you for your interest in the City's Automated Bank Debit Program. Please review the following information concerning this pre-authorized, direct debit program. To participate, please print this page of instructions together with the agreement on page 2, complete the form, and return it together with a voided check to the above address. The form may also be filled out electronically, printed for your signature, and mailed with a voided check for a checking account or a deposit slip for a savings account.

1. You may pay one or more real estate tax accounts through the City's Automated Bank Debit Program. The total tax and refuse fee can be transferred from your bank account on the tax due date or smaller, monthly installment payments can be transferred from your bank account. If the monthly installment option is selected, the City will debit your account according to the monthly schedule that you specify on the Authorization Agreement. Please note that the regular monthly installment payment will not be transferred from your bank account during the months of June and November when taxes are due. Instead, the City will debit any remaining tax balance from your bank account on the due dates of June 15 and November 15 to ensure the tax bill is satisfied. The City will mail a tax bill directly to you at least 30 days before the tax due date to confirm to you the amount to be transferred from your bank account on the due date. Any overpayment will be applied automatically towards the next billing period, unless a refund is requested.
2. The City will continue to debit your bank account for the designated amount until the City receives written instructions from you to suspend the debits, to change the bank routing and/or account number, or to change the debit amount. If you sell your property or refinance to a mortgage with a tax escrow, please submit a written request for the City to discontinue debiting your bank account. The City must receive your written cancellation or change instructions at least 10 days before the next scheduled deduction. To enroll additional properties in the program, please call 703.746.3902, option 8, to request a new Authorization Agreement or print an online copy by clicking on the program link at alexandriava.gov/Treasury.
3. Please provide the information requested on the Authorization Agreement and advise whether the designated amount should be withdrawn from your bank account in monthly installments with due date debits of any remaining balance or in one lump-sum payment on the tax due dates. Current year tax rates are not set until May each year. Accordingly, to estimate the tax and refuse fee due, please refer to last year's tax bill, or call 703.746.3902, option 8, for assistance from City staff. You may wish to increase the requested amount to debit in order to cover the additional tax from potential assessment or tax rate increases.
4. Your bank routing number and account number are normally printed on the bottom of your check. Please attach a voided check for checking account debits or a deposit slip for savings account debits to the completed Authorization Agreement and forward to the Finance Department, Treasury Division, P.O. Box 323, Alexandria, VA 22313. Only submit a deposit slip if you specify a savings account to be direct debited.

We hope this program provides a convenient method for paying your taxes and refuse fees. If we can provide further assistance, please call 703.746.3902, option 8, Monday through Friday, 8 a.m. to 5 p.m.; visit our office at 301 King Street, Room 1510, Alexandria, VA 22314, Monday through Friday, 8 a.m. to 5 p.m.; or send an email to payments@alexandriava.gov. Customer satisfaction is important to us!

Sincerely,

David Clark
Assistant Director of Finance/Treasury



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**Authorization Agreement for Electronic Funds Transfer
of Real Estate Taxes and Refuse Fees**

I authorize the City of Alexandria, through SunTrust Bank, to automatically debit my bank account for real estate tax payments as specified below. I understand that payment will be deducted on the date applicable to the payment plan selected. If the selected date falls on a holiday or weekend, payment will be deducted the next business day. I understand that funds will not be transferred to the City if there are insufficient funds in my account and that I will be subject to a \$35 returned check fee.

Complete this agreement electronically or print and complete it by hand. This form cannot be submitted electronically.
It must be mailed with a voided check from a checking account. (Submit a deposit slip for a savings account only.)
Place the mouse pointer on any text underlined in blue for help or instructions.

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address:

Street: _____ City: _____
State: _____ Zip: _____
Email: _____

Area Code & Telephone No.
Home _____
Work _____

Please designate the amount for the payment plan:

- | | |
|--|--|
| Monthly: on the 5th day (Dec-May and Jul-Oct) | On Lump Sum on Tax Due Date |
| 1st Half Real Estate bill balance on June 15th | 1st Half Real Estate tax bill on June 15th |
| 2nd Half Real Estate bill balance on November 15th | 2nd Half Real Estate tax bill on November 15th |

Bank Name: _____ Checking Account _____ Savings Account _____

Name of Account Holder: _____

Bank Routing Number (nine digits): _____ Bank Account Number: _____

Real Estate Taxes and Refuse Fees		
City Tax Bill Number (8 digits)	Property Address	Amount of Authorized Debit

I understand that this authorization shall remain in effect until the City of Alexandria receives written notification of its termination. Written cancellation must be received by the City at least 10 days before the next scheduled deduction. I understand that all taxes must be paid on or before the tax due dates. I further understand that the City will debit my bank account on the tax due dates for any tax and refuse fee balance. Any balance outstanding after the tax due date will accrue late payment penalty and interest.

I have read and agree to the terms and conditions contained on this Authorization Agreement.

Signature: _____ Date: _____

Please attach a voided check for checking account deductions, or a deposit slip for savings account deductions, to the completed agreement and mail to: Treasury Division, P.O. Box 323, Alexandria, VA 22313.