

Town Supervisor  
**Kevin J. Tollisen**

Town Board  
**Paul Hotaling**  
**John Wasielewski**  
**Jeremy Connors**  
**Eric Catricala**



# TOWN of HALFMOON

**Dana A. Cunniff**  
**Receiver of Taxes**  
2A HALFMOON TOWN PLAZA  
HALFMOON, NY 12065  
COUNTY OF SARATOGA  
(518) 371-7410 Ext. 2251 · Fax (518) 371-0936

[dcunniff@townofhalfmoon.org](mailto:dcunniff@townofhalfmoon.org)

## Instructions for ACH Direct Draft with the Town of Halfmoon Water Payments

To sign up for the ACH program FOR WATER BILLING ONLY, please complete this form, provide a voided check, and mail it in at least 30 days prior to each bill cycle. You will get a bill twice a year. The first bill will be April 1<sup>st</sup> AND the Second bill will be October 1<sup>st</sup> and the Draft will be on the 20<sup>th</sup> of April & October (or the next business day if it is a holiday or non-business day).

*Mail Form to: Town of Halfmoon Receiver of Taxes- 2A Halfmoon Town Plaza, Halfmoon, NY 12065.*

**NOTE:** You will still receive a water bill in the mail, however, **in the box that shows "Amount Due After Due Date" it will say PAID BY DRAFT** as a reminder you are set up for automatic payments. By receiving the bill on the 1<sup>st</sup> of each bill cycle, you will know the amount to be deducted from your checking account prior to the draft date.

### *ACH Debit Authorization Form*

PLEASE CLEARLY PRINT ALL INFORMATION

*I hereby authorize the Town of Halfmoon to initiate debit entries to my account at my financial institution listed below.*

YOUR NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ DRAFT FROM: Checking **OR** Savings

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

ROUTING #: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ACCOUNT WILL BE DEBITED ON **APRIL 20<sup>TH</sup> & OCTOBER 20<sup>TH</sup>**

NAME ON WATER ACCOUNT: \_\_\_\_\_

WATER BILL ACCOUNT #: \_\_\_\_\_

**I understand and acknowledge that I am in full control of my payment and if anytime I decide to discontinue or in the event of any change to my account information, it is my responsibility to send written notification of such. *\*\*I further understand that any payment that is returned unpaid may be re-entered up to 2 times and each time returned you will be assessed an additional \$20.00 fee.***

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE