



# AUTOMATIC BANK DRAFT AUTHORIZATION PREPAYMENT FORM

I authorize Hamilton County Trustee's Office to draft my account specified below for payment of property taxes for the following map parcel number: \_\_\_\_\_ . You are authorizing Hamilton County Trustee's Office to debit your checking/savings account through ACH beginning on the 5<sup>th</sup> day of \_\_\_\_\_, \_\_\_\_\_ for \_\_\_\_\_ equal payments ( last payment February 5<sup>th</sup>). If this date falls on a weekend, your account would be debited on the next business day. To cancel the automatic draft or make changes we must be notified in writing 30 days prior to the withdrawal date. Signing this form verifies you understand that failure to have sufficient funds on the day of the debit or failure to notify Hamilton County Trustee's Office of a bank or account change will result in a \$30 NSF fee and removal from the program. Prepayment ACH will be effective March through February. Be advised the last payment may be adjusted up or down to pay the balance in full. The monthly amount is based on the previous year's tax amount.

For more information contact Hamilton County Trustee's Office at 423-209-7270 or visit our website <http://www.hamiltontn.gov/trustee>.

**Return completed original form (\*with required attachments) in person or by mail to:**  
Hamilton County Trustee's Office  
625 Georgia Avenue, Suite 210  
Chattanooga, TN 37402

<b>For Office Use Only</b>	Clerk Initials: _____
	Date: _____

### All information must be completed

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street

City, State, Zip \_\_\_\_\_ Email: \_\_\_\_\_

Property Address: \_\_\_\_\_

#### **Bank Information**

Name(s) on Bank Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address \_\_\_\_\_

#### **Only check one box:**

**Checking** (a voided check [not a deposit ticket] is required to verify the routing and account number) \*

**Savings** (documentation from your bank is required to verify the routing and account number) \*

**Routing Number**

**Account Number**

Signature \_\_\_\_\_

Date \_\_\_\_\_

No. of payments: _____
Installment Amt: \$ _____

This program is **only** available to taxpayers who are not currently escrowing their property tax and is **only** for the current year taxes.

*Bill Hullander, Hamilton County Trustee*

# 2023 Property Tax Prepayment Program

***Prepayments accepted beginning March 1, 2023***

*Personal Information*

*Last*

*First*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

*Property Tax Identification*

*Map*

*Group*

*Parcel*

MAP PARCEL: \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

*Acknowledgement*

2022 tax amount \_\_\_\_\_ The 2023 tax amount may vary due to change in assessment or tax rate.  
The tax rate is set each July by the Hamilton County Commission.

I acknowledge prepayments will be applied to *the Map Parcel indicated above and refunds may NOT be made once a levy receipt has been issued.*

***LAST DAY TO MAKE PREPAYMENTS FOR 2023 TAX - AUGUST 31, 2023***

*Signature:* \_\_\_\_\_

*Date* \_\_\_\_\_

*Mail completed application along with your first payment to:*  
**HAMILTON COUNTY TRUSTEE**  
**Attn: Prepayments**  
**625 Georgia Ave., Room 210**  
**Chattanooga, TN 37402-1494**