

**CITY OF NEGAUNEE PROPERTY TAX BILL**  
**DIRECT PAYMENT ENROLLMENT FORM**

PLEASE PRINT THE CONTACT INFORMATION REQUESTED BELOW:

**NAME**

**PHONE NUMBER**

**PROPERTY TAX ADDRESS**

**TAX PARCEL NUMBER** (52-53- - - )

I AUTHORIZE THE CITY OF NEGAUNEE, MICHIGAN TO DEDUCT MY PAYMENT FROM THE CHECKING OR SAVINGS ACCOUNT LISTED BELOW. I UNDERSTAND THAT I CONTROL MY PAYMENTS AND IF AT ANY TIME I DECIDE TO DISCONTINUE THIS PAYMENT SERVICE, I WILL NOTIFY THE CITY OF NEGAUNEE IN WRITING. IF THERE IS ANY CHANGE WITH MY FINANCIAL INSTITUTION, IT IS MY RESPONSIBILITY TO NOTIFY THE CITY OF NEGAUNEE. I UNDERSTAND THAT IT IS MY OBLIGATION TO HAVE FUNDS IN MY ACCOUNT TO COVER THE TAX BILL ON THE DATES STATED BELOW OR PENALTIES WILL APPLY.

**SUMMER TAX BILL** WILL BE PROCESSED ON SEPTEMBER 14

**WINTER TAX BILL** WILL BE PROCESSED ON DECEMBER 29  
(Please circle your option for the winter tax bill) FEBRUARY 14

**ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL**  
(This form cannot be processed without your signature)

TO ENSURE THE CORRECT ACCOUNT NUMBER IS USED FOR THIS ELECTRONIC PAYMENT AND TO OBTAIN THE ABA/ROUTING NUMBER, A COPY OF A VOIDED CHECK OR DEPOSIT TICKET FROM THE INSTITUTION YOU WISH THE FUNDS TO BE WITHDRAWN FROM MUST BE RETURNED WITH THIS FORM.

**NAME OF FINANCIAL INSTITUTION**

**ABA/ROUTING NUMBER**

**CHECKING ACCT #** or **SAVINGS ACCT #**

**SIGNATURE**

**DATE**

**PLEASE KEEP A COPY FOR YOUR RECORDS**