

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OBTAIN THE ABA/ROUTING NUMBER, A COPY OF A VOIDED CHECK OR DEPOSIT TICKET FROM THE INSTITUTION YOU WISH THE FUNDS TO BE WITHDRAWN FROM MUST BE RETURNED WITH THIS FORM.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