

Authorization Agreement for Electronic Tax Bill Payment

If you choose to elect this option, please complete and return this form to the Tallmadge Charter Township office. There is no charge for this service.

I (we) hereby authorize the Tallmadge Charter Township to initiate debit entries to my (our) Checking account indicated below and that the depository named below will be authorized to debit the named account.

DEPOSITORY (Bank/Credit Union/ etc.) Information:

PLEASE PRINT

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Bank Transit Number: _____ Your Account Number: _____

*******ATTACH A VOID CHECK*******

ACCOUNT HOLDER Information:

PLEASE PRINT

Name(s) as appears on account: _____

Account Holders Address: _____ Phone # _____

Parcel number(s) to pay: Please copy carefully from tax bill(s) _____

_____ If more than 3 parcels to be paid, submit an additional list and clearly indicate so on this page.

The following dates are available options for debit to occur:

(Please check one for each tax season.)

Summer tax bill: _____ July 15

Winter tax bill: _____ Dec. 15

_____ Sept. 01

_____ Feb. 01

After Sept. 14, interest/penalty will be added monthly until Feb. 28, unless you qualify and filed for a deferment prior to Sept. 14.

**** NOTE ****

If you wish to pay taxes on a date other than the options listed, you will need to send a check or money order via US Mail or placed in our drop box. You can also pay at the Township offices during the office hours listed on your bill.

_____ Dec. 15

_____ Feb. 01

This authority is to remain in full force and effect on a recurring annual basis for the full amount of the Summer tax bill and the Winter tax bill as of the date debit is authorized. This agreement will remain in effect until written notice is received by Tallmadge Charter Township a minimum of 10 days prior to the withdrawal date. You are responsible to have the funds available on the date agreed. Should the Township not be able to secure the funds, for whatever reason, the tax liability remains the responsibility of the taxpayer.

Signature(s): _____ Date: _____

Should you have further questions, please call me at 616-677-1248. Brenda Martin, Treasurer
TALLMADGE CHARTER TOWNSHIP 0-1451 Leonard NW Grand Rapids, Mi. 49534