

ACH/ELECTRONIC CHECK TAX PAYMENT FORM

1). YOUR INFORMATION:

DATE: ____ / ____ / 20____

NAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

2). PROPERTIES TO BE PAID: (If more list on back)

TAXPAYER NAME: _____

PARCEL ID & ADDRESS: _____

TAXPAYER NAME: _____

PARCEL ID & ADDRESS: _____

3). YOUR BANKING INFORMATION:

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION ADDRESS: _____

FINANCIAL INSTITUTION PHONE: _____

ABA/ROUTING NUMBER: _____ **ACCOUNT NUMBER:** _____

ACCOUNT TYPE: CHECKING _____ SAVINGS _____ MONEY MARKET _____

Although not required but definitely helpful, PLEASE PROVIDE A VOIDED CHECK to assure the correct routing and account number are used for this electronic payment.

4). YOUR AUTHORIZATION:

Withdrawals are processed by our office twice a month; on/near the 15th and the 30th/31st based on the next normal business day. Please indicate below by circling your requested withdrawal date and enter the month you want the funds withdrawn.

CHOOSE DAY: MID MONTH or END OF MONTH **ENTER MONTH:** _____

By signing you acknowledge that you fully understand the conditions of this form and authorize Cottrellville Township to deduct a *one time* tax payment due on the parcels listed above from the account listed above. I understand that all my information will remain confidential.

SIGNATURE: _____

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

RETURN FORM TO: Cottrellville Township, 7008 Marsh Rd., Cottrellville, MI 48039 or
Fax: (810)765-2203 or **Email:** deptreasurer@cott-township.org