

MUSKEGON CHARTER TOWNSHIP

1990 E APPLE AVE

MUSKEGON, MI 49442

PHONE: (231) 777-2555 FAX: (231) 777-4912

OFFICE OF THE TREASURER

PAY TAXES WITH DIRECT DEBIT ENROLLMENT FORM

1. Complete the following information requested below (please print):

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Daytime Phone: _____

2. Provide the required financial information below:

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, PLEASE contact your financial institution for verification

Name of Financial Institution: _____

ABA/Routing Number: _____

Circle One: Checking Savings

Account Number: _____

3. Identify the date/s you want your tax payment processed:

Summer Taxes

_____ First Friday in July _____ First Friday in September

Winter Taxes

_____ First Friday in Dec _____ Last Business Day in Dec

_____ First Friday in Feb

4. Provide your signature for authorization:

I authorize Muskegon Charter Township to deduct the payment of my tax bill/s from the checking or savings account listed above. I understand that I control my payments and if at any time I decide to discontinue this payment service, I must notify the Township in writing. These instructions will remain valid year to year until cancelled. I also understand that all information provided will remain confidential. This form cannot be processed without your signature.

Signature _____

Date _____

Parcel Number 61 -10 -