

ALGOMA TOWNSHIP
10531 Algoma Ave. NE, Rockford, MI 49341
Phone: 616.866.1583 Fax: 616.866.3832

Automatic Tax Bill Payment Authorization Form

Please complete the following information requested below (please print):

Parcel #: _____

Property Address: _____

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

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: _____

Account Number: _____

Check one: _____ Checking Account _____ Savings Account

Summer taxes will be debited from your account on:

SEPTEMBER 14*

Winter taxes will be debited from your account on (Please circle **ONE** date):

Township's Last Business Day of DECEMBER OR FEBRUARY 14*

***If the due date is a Saturday or Sunday, the due date is extended to the following business day.**

I authorize the Algoma Township Treasurer 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 at least 15 days prior to electronic payment date. I also understand that all information provided will remain confidential. **This form cannot be processed without your signature.**

Please sign: _____ Date: _____

RETURN WITH A VOIDED CHECK NO LATER THAN:

September 1 for Summer Taxes and December 15 for Winter Taxes

FOR OFFICE USE ONLY
RECEIVED: _____
ENTERED: _____