

City of Marine City

Automated Payment Program-Tax Bills

Authorization Agreement for Automated Payments

Account Information

Name _____
(As it appears on your bank account)

Billing Address _____

Account Number _____

Financial Institution Information

Financial Institution Name _____

Address _____

Account # _____ Routing # _____

ID Number from Bank _____

Account Type: Savings ____ Checking ____

Financial Institution Telephone # (____) ____ - _____

Authorization

I hereby authorize the City of Marine City to withdraw from my bank account my tax bill amount on the due date of the bill. This will remain in effect until written notice has been received by the City of Marine City in such a manner as to afford reasonable time to act on it.

Signature _____

Date _____

NOTE: ALL INFORMATION MUST BE COMPLETED IN FULL.