



CITY OF GLADWIN
PROPERTY TAX
ACH Payment Authorization Form

1000 WEST CEDAR AVENUE
GLADWIN, MICHIGAN 48624
TELEPHONE: (989) 426-9231
FAX: (989) 426-6942

I hereby authorize the City of Gladwin Treasurer's Department to withdraw tax payments from the designated financial institution and account listed below.

If I no longer live at the address listed below OR the financial information changes, I will notify the Treasurer's Office 30 days in advance of the scheduled payment.

The City of Gladwin will be held harmless if I fail to notify them of any changes. I understand and agree that if payment is returned I will be charged a \$36.00 fee.

Payment shall be equal to amount shown on tax bill and withdrawn on or around the scheduled payment date selected below. Withdrawals and adjustments may be made electronically under the operation rules of the Michigan Automated Clearing House Association and through the City's financial institution. **This authorization will remain in full force until the Treasurer has received written notification from me of its' termination 30 days prior to any dates listed below and in such a manner as to afford the City of Gladwin and Depository a reasonable opportunity to act upon it.**

Failure to complete this form in its' entire could result in your payment not being processed.

TAYPAYER INFORMATION	
Name:	Phone #:
Address:	
Parcel # _____ - _____ - _____ - _____ - _____	
Email address:	
FINANCIAL INSTITUTION ACCOUNT INFORMATION	
Name:	
Account Type: <i>(select one)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Routing # _____ Account # _____	
PAYMENT SCHEDULE	
<i>Summer taxes are due by July 31st, Winter Taxes are due by February 14th of each year. If any of the dates below fall on a weekend or a holiday, payment may be withdrawn on or around the first business day thereafter.</i>	
Please select payment withdrawal dates: <i>(select all that apply)</i>	
<input type="checkbox"/> Summer - July 28th <input type="checkbox"/> Winter – December 28th <input type="checkbox"/> Winter – February 11th	
AUTHORIZED SIGNATURE	
By signing below I have read and agree to the terms.	
Authorized Signature: _____ Date: _____	
Mail to or drop off at:	
Gladwin City Hall	
Attn: Treasurer Office	
1000 W Cedar Ave	
Gladwin, MI 48624	
Any Questions, please contact:	
Angela @ 989-426-9231 Ext 13	
treasurer@gladwin.org	