601 Avenue A, Springfield, MI 49037-7774
PH: (269) 965-8014 FX: (269) 965-0114
Office Hours: 7am to 6pm
Monday thru Thursday (closed Friday)
www.springfieldmich.com

CLEAR FORM

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Please sign and return to Springfield City Hall

SUBMIT

# Property Tax ACH Authorization Form

## Tax Payer Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State: ____

Tax Cycle: ☐ Summer ☐ Winter Zip: _____ Phone: _____

**Winter Payment Date:**

☐ Option 1: Account withdrawal on the last business day of December.

☐ Option 2: Account withdrawal on February 14 or the first business day after February 14.

**Account withdrawals for all *summer* property tax payments will be made on August 31 or the first business day after August 31.**

**Springfield Parcel Number(s):**

Parcel #1: 13 — 54 — ___ — ___ — ___ Parcel #2: 13 — 54 — ___ — ___ — ___

Parcel #3: 13 — 54 — ___ — ___ — ___ Parcel #4: 13 — 54 — ___ — ___ — ___

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## Bank Account Holder Information :

First Name: _____ Last Name: _____

I, the account holder, authorize the City of Springfield to withdraw the full amount of my property tax bill on the day I have designated above. Payment will be withdrawn from the financial institution shown below. This authorization shall remain in effect until the City of Springfield receives written notification from the account holder listed above.

Financial Institution: _____

Routing Number: _____ Account Number: _____

**Account Type:** Checking ☐ Savings ☐

Address: _____

_____

Signature

City: _____ State: ____ Zip Code: _____

_____

Date

Bank Phone Number: _____