

# Automatic Payment Plan for Property Taxes

As a benefit to our customers, the City of East Tawas offers automatic bill payments for property taxes. Please review the following information and complete the enrollment information if you are interested. If you have any questions, please contact City Hall at (989) 362-6161 or cityhall.etch@charterinternet.com.

**HOW DOES A RESIDENT/CUSTOMER SIGN UP FOR THE AUTOMATIC BILL PAYMENT PLAN?** Simply complete the enrollment information on the bottom of this page, enclose a voided check or savings account information and drop it in the mail or at City Hall.

**HOW LONG DOES IT TAKE TO GET ON THE PLAN?** Depending on when you sign up and where the billing cycle is, most will be converted within a week. You should continue to pay as normal until you receive a notice from City Hall.

**HOW WILL I KNOW THE AMOUNT OF MY BILL?** A normal tax statement will be sent to you on July 1<sup>st</sup> and December 1<sup>st</sup> each year with the amount that will be withdrawn.

**IS THERE A CHARGE FOR THE SERVICE?** No. The Automatic Bill Payment Plan is offered to you free of charge. Most financial institutions do not charge for the service. Please contact your financial institution if you are not sure.

**WHAT IF I NEED TO MAKE A CHANGE?** If you change your checking/savings account, you will have to complete a new enrollment form with the new information. If you decide to cancel your participation in the plan, simply notify City Hall in writing.

**HOW DOES THE RESIDENT/CUSTOMER KNOW THAT A BILL HAS BEEN PAID?** Each bill paid will be clearly itemized on your financial institution's account statement.

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I authorize the City of East Tawas to deduct my payments from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, **I will notify City Hall in writing.**

Name (as shown on your tax statement) \_\_\_\_\_  
Property Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Parcel Code \_\_\_\_\_ Daytime Phone \_\_\_\_\_

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THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Name of Financial Institution \_\_\_\_\_

ABA/Routing Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (9 digits on bottom of check)

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

Account Number \_\_\_\_\_  Checking Account  Savings Account

**Please choose the date you would like the payment deducted from your account each year for each tax collection. If the date falls on a weekend or holiday, the transaction will be posted the PREVIOUS business day.**

**Summer Tax Collections**

- July 15<sup>th</sup>  
 September 15<sup>th</sup>

**Winter Tax Collections**

- December 31<sup>st</sup>  
 February 14<sup>th</sup>