

## City of Dearborn Automatic Tax Bill Payment Program

YES! Sign me up for the City of Dearborn's free Automatic Tax Bill Payment Program.

**IMPORTANT PROGRAM INFORMATION:**

- This application authorizes the City of Dearborn to withdraw on the specified date(s) below the **FULL** amount of taxes owed on the property indicated on this application for the current tax year and every year thereafter from the bank account you indicate on this application until the City is otherwise notified by you.
- Please fill out one application per parcel number you wish to pay by automatic bank withdrawal.
- **COMPLETED APPLICATION MUST BE RECEIVED BY THE CITY OF DEARBORN'S TREASURY OFFICE ON OR BEFORE THE DATE LISTED BELOW.** All applications received after the designated date **WILL NOT BE PROCESSED** and you will be responsible for making your tax payment by cash or check directly to the Treasury Office.
- Once enrolled in the program, you will still receive your summer and winter tax bills by mail with a notation on the bill stating that the amount owed will be paid by an automatic withdrawal from an authorized bank account.
- This program **DOES NOT** allow for your summer taxes to be paid in installments.
- In the event the City of Dearborn is unable to access your bank account for the full amount of the taxes owed, the City of Dearborn will assess your account a \$30 NSF FEE and **YOU WILL BE RESPONSIBLE FOR ALL PENALTIES** owed due to the late payment. In the event of a payment failure (NSF), future applications for this program **WILL NOT** be accepted and you **WAIVE** the right to have your penalty amounts reviewed by the City of Dearborn's Waiver Committee.

_____	_____	_____
Name (Last)	(First)	(MI)
_____	_____	_____
Mailing Address (Number and Street)	(City)	(State) (Zip)
_____		
Phone Number		

Parcel number: 82 - - -
Property Address: _____

I authorize the City of Dearborn to withdraw from the bank account listed below the full amount of taxes owed on the above indicated parcel for the following: (check all that apply - no more than two)

<b>SUMMER TAXES</b> YES _____ NO _____ Withdrawn every <u>September 14<sup>th</sup></u> ; Application due on or before September 1 <sup>st</sup>	<b>WINTER TAXES</b> YES _____ Withdrawn every <u>December 15<sup>th</sup></u> ; Application due on or before December 10 <sup>th</sup>	<u>OR</u> <b>WINTER TAXES</b> YES _____ Withdrawn every <u>February 14<sup>th</sup></u> ; Application due on or before February 1 <sup>st</sup>
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Bank Name: _____	
Bank Routing Number: _____	
Bank Account Number: _____	Checking ( ) Savings ( ) Choose one

Please attach a voided check with this application for verification purposes.

\_\_\_\_ PLEASE INITIAL: I have read the IMPORTANT PROGRAM INFORMATION above and agree to the terms therein listed. I also understand that this authorization is in full effect until I provide written notice of modification or cancellation of this authorization to the City of Dearborn - Treasurer's Office, P.O. Box 4000, Dearborn, MI 48126.

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail the white copy of the completed application to: City of Dearborn PO Box 4000, Dearborn, MI 48126 on or before the application deadline listed above. Please retain the yellow copy for your records.