

# Hartland Township Auto Debit (ACH) Authorization Enrollment Form

## Summer and Winter Tax Payments

Hartland Township is pleased to offer another convenient payment method for its residents and customers, at no cost. By simply submitting this form, your summer and/or winter tax bill will be automatically paid as an electronic withdrawal from your bank account on the payment date (see below). This authorization can be revoked at any time in writing no less than 14 days prior to the scheduled payment date. This form can be found on our website at [www.hartlandtwp.com](http://www.hartlandtwp.com).

### Your Property Tax Information

**Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Parcel #: 4708-** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_ **Account Type:** *Checking Savings*  
(circle one)

**Bank Routing Number:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**I hereby authorize Hartland Township to deduct the full amount of my summer and/or winter property tax bill(s) from the checking or savings account listed above on the following recurring dates (this is the date the payment will be withdrawn):**

**Winter Taxes:** (choose one) \_\_\_\_\_

**Payment date of December 31**

(Form must be submitted by *December 10*)

\_\_\_\_\_

**Payment date of February 18**

(Form must be submitted by *January 14*)

**Summer Taxes:** \_\_\_\_\_

**Payment date will be September 8**

(Form must be submitted by *July 31*)

This authority is to remain in effect until the Township has received **written** notification from me (or either of us) of its termination in such time and in such manner as to afford the Township and Depository a reasonable opportunity to act on it. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of the U.S. law. I (we) will not dispute the Township's billing with my bank so long as the transaction corresponds to the terms indicated in this agreement. In the case of any debit being rejected for Non Sufficient Funds (NSF), I (we) agree to an additional \$25.00 charge for each attempt returned NSF.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Signatures(s)

Submit form to: Hartland Township Treasurer, 2655 Clark Road, Hartland, MI 48353, or fax to (810) 632-1033.