

AUTHORIZATION AND ENROLLMENT FORM FOR
AUTOMATIC FUNDS TRANSFER
FOR PROPERTY TAXES

Name: _____

Phone: _____ Parcel Number 41- _____ - _____ - _____ - _____

Mailing Address: _____

Property Address if different from mailing address: _____

I hereby authorize the Byron Township Treasurer to automatically withdraw from my account identified below, the total amount due on my summer and winter tax bills. I authorize the Financial Institution named below to accept such transactions initiated by Byron Township.

Withdrawals shall be made from my account for the summer bill on:

September 1 or the first business day of the month

Withdrawals shall be made from my account for the winter bill on:

December 18 to have credit on your yearly income taxes or
February 1

Please select appropriate box above. The maximum amount drawn will not exceed the total amount due on the tax bills.

Please note that this authorization is to remain in effect until Byron Township has received written notification of termination at least five (5) business days before the next regular transaction date.

Financial Institution Name: _____

Checking Attached is a voided check

Savings Attached is a deposit slip

ABA Routing #: _____ Account #: _____

Print Name on Account: _____

Signature of Account Holder: _____ Date Signed: _____

ACH Form must be received at least two weeks prior to the withdrawal date.

Office Use Only:

Date posted to tax system _____ Initials _____ Verified _____