



City of Kingsford

The Progressive City

Winter/Summer Tax

Pre-authorized Payment (ACH DEBITS)

Automatic Funds Transfer Authorization & Enrollment Form

Resident Information

First & Last Name _____ Property ID/Parcel # _____

Property Address _____ City _____ St _____ Zip _____

Mailing Address (if different than above): _____

Financial Institution Information (Attach a Voided Check or Savings Withdrawal Slip):

Name of Financial Institution: _____

Address: _____ City _____ St _____ Zip _____

Phone No. _____ 9-digit Routing Number: _____

ACCOUNT NUMBER: _____ Type: Checking Savings

Print Name(s) on account: _____

I, _____, hereby authorize the City of Kingsford to automatically withdraw from my account identified above the total amount on my tax billing statement. I authorize the financial institution names above to accept such transactions initiated by the City of Kingsford. I agree that ACH transactions that I authorize comply with all applicable laws. The withdrawals shall be made from my account on the due date indicated on the billing statement. This authorization will be valid for the calendar year the form is completed. If I choose to cancel this agreement within the active calendar year, I must submit written notification of termination to the City of Kingsford personnel at least ten business days prior to the due date.

NOTE: This ACH enrollment form will need to be completed on a yearly basis to allow city personnel to confirm your request and to ensure banking information is current.

This is the responsibility of the resident.

Resident Signature

Date

OFFICE USE ONLY

Date Received: _____ Via: Mail Email In-person Drop-box

Received by: _____

Date of BS&A Activation: _____ For Tax Year: _____ Initials _____

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THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER