



## 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

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#### OFFICE USE ONLY

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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