

AUTHORIZATION AND ENROLLMENT FORM FOR
AUTOMATIC FUNDS TRANSFER
FOR PROPERTY TAXES

Name _____

Phone _____ Parcel Number _____

Mailing Address _____

Property Address if different from mailing address: _____

I hereby authorize the Dorr 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 Dorr Township.

Withdrawal 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 bills on:
____ December 18 to have credit on your yearly income taxes or
____ February 1

Please note that this authorization is to remain in effect until Dorr 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 voided check

ABA Routing # _____ Account # _____

Print Name on Account _____

Signature of Account Holder _____ Date _____

Office Use Only:

Date posted to tax system _____ Initials _____