Parcel Number:	03-54-	-	_

City of Otsego Direct Debit Tax Payment Authorization

Directions

- Please type or print legibly in black ink.
 Check the box indicating a new application or a change of information.
 Attach a voided check to the completed application.

	☐ New ☐ Change
Name:	
Address:	Daytime Phone Number:
<u> </u>	()
City:	State: Zip:
E-Mail Address:	AMERICAN AND AND AND AND AND AND AND AND AND A
nstitution named below. I acknowledge that the	Checking Account or Savings Account at the financial origination of ACH transactions to my account must of Otsego and I agree to abide by all applicable ACH
to pay my bill by cash, money order or an offi	ck of sufficient funds, I understand that I will need loial check at the Otsego City Hall. I also current charge for a non-sufficient funds payment
Financial Institution Name:	
Address:	Phone Number:
Dity:	State: Zip:
Bank Transit & Routing Number:	Account Number:
Name as it appears on the bank account:	This account is:
	☐ Checking ☐ Savings
dentify the date(s) desired for payment processi	ng:
Summer Taxes:	☐ August 10th - 12th
Winter Taxes (select only one):	December 26th - 28th
(The period date were also to a first	☐ February 10th -12th
(The actual date may vary due to weekend	is - the earliest business day will be used.)
agree to notify the City of Otsego in writing. The eceives written notification from me, or I have re	y time I decide to discontinue this payment service is agreement will remain in full force and effect until the Coccive written notification from the City of its termination. herein will remain confidential and that agreement canno
Signature	Date