



City of South Haven Property Taxes Authorization for Automatic Payment

Summer 2016

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Property Tax ID Number(s): _____

**Authorization form must be completed and returned by September 9th

**An authorization form must be received for each tax billing to ensure the most recent banking information is being used.

I authorize the City of South Haven to withdraw my summer property taxes from the following bank account on September 19, 2016. If payment is returned to the City for any reason there will be a \$25.00 returned payment fee.

Bank Account Information:

Routing #: _____

Bank Account #: _____

Bank Name: _____

Account Type: Checking Savings

Signature

Date

To ensure accurate processing please attach voided check or a copy of a bank statement

Return completed form to:
By Mail: City of South Haven, 539 Phoenix Street, South Haven, MI 49090
By Fax: (269) 637-5319 By Email: amorgan@south-haven.com
Call (269) 637-0706 if you have any questions.