



City of South Haven Property Taxes Authorization for Automatic Payment

Winter 2016

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Property Tax ID Number(s): _____

****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 winter property taxes from the following bank account on:

December 30, 2016 ****Authorization form must be completed and returned by December 23, 2016**

February 14, 2017 ****Authorization form must be completed and returned by February 7, 2017**

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.