

AUTOMATIC BILL PAYMENT FORM - TAXES

PREAUTHORIZATION FOR VARIABLE WITHDRAWALS

I do hereby authorize the City of Livonia to make withdrawals from my bank account identified below and I authorize the financial institution, indicated below, to charge such withdrawals to my account. The City of Livonia is authorized to make said withdrawals for the sole purpose of property tax payments to be charged to my account on the following dates:

Summer Tax - September 14th
And

Winter Tax - (check one): December 31st or February 28th

Auto payment information is printed on tax bills mailed July 1st & December 1st. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. If the funds necessary for the amount of the taxes due are not available on the date noted on the tax bill or if you failed to notify the Livonia Treasurer's Office of any changes in either financial institution or account number, you will be subject to a "returned" item fee as determined by City Council. It is the taxpayer's responsibility to notify the Livonia Treasurer's Office in writing at least 30 days prior to the scheduled withdrawal date of any changes in either the financial institution or the account number stated below.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL WRITTEN NOTICE OF TERMINATION IS GIVEN TO THE LIVONIA TREASURER'S OFFICE. If you sell your property, you will need to cancel this authorization in writing directly with the Livonia Treasurer's Office. Failure to do so may result in the continuation of the withdrawal from your bank account. The City of Livonia shall be held harmless if the taxpayer failed to notify the Livonia Treasurer's Office in writing to cancel this automatic payment at least (10) business days prior to the scheduled withdrawal date.

PLEASE COMPLETE ALL SECTIONS BELOW:

Name of Bank/Financial Institution	Routing Number (must have 9 numbers)	Check One Below CKG <input type="checkbox"/> SAV <input type="checkbox"/>	Account Number
PRINT Name of Authorizing Party		Mailing Address (if different than property address) City, State, Zip Code	
Property Address with Zip Code		Parcel # / Property # (from tax bill)	
Signature of Authorizing Party - I agree to the terms & conditions stated on this form.		Date	Limitations on Purpose of Withdrawal Semi Annual Property Tax Payments
Cell Phone #	Work Phone #	E-mail address (for tax department use only)	

FOR CHECKING ACCOUNTS, PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION.

Please mail application at least **30 days** prior to the date of withdrawal or cancellation at least **10 days** prior to the date of withdrawal to:

City of Livonia, Treasurer's Office
33000 Civic Center Drive
Livonia, MI 48154-3060

PLEASE NOTIFY THE TREASURER'S OFFICE OF ANY CHANGES TO THE ABOVE REFERENCED FINANCIAL INSTITUTION

The Livonia Treasurer reserves the right to cancel this automatic payment for payment of property taxes at any time.