

PRE-AUTHORIZED PAYMENT AGREEMENT

Taxpayer Name: _____

Property Address: _____

Property Number: _____

I (we) hereby authorize the Charter Township of Oscoda, to initiate a debit entry for the payment of taxes on the above property on the tax due date to my (our) checking or savings account as indicated below. The Financial Institution receiving the debit is:

Institution Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Bank Routing(ABA) Number: _____

Bank Acct Number: _____ Checking: _____ Savings: _____

Note: If funds are not available for your transaction, a charge of \$35.00 will apply

PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM

This pre-authorized payment agreement is to remain in effect until Oscoda Township and the Financial Institution have received written notification from me(us) to terminate the automatic debit and have been allowed a reasonable opportunity to act upon the request to terminate.

Printed Name: _____ Phone No. _____

Signature: _____ Date: _____

Printed Name: _____ Phone No. _____

Signature: _____ Date: _____

Twp. Representative: _____ Date: _____