

ADA TOWNSHIP
7330 Thornapple River Dr.
P O Box 370
Ada MI 49301
Phone: (616) 676-9191 ext. 27 or 23 Fax: (616) 676-5870

Automatic Tax Bill Payment Authorization Form

Please complete the following information requested below (please print):

Parcel #: _____

Property Address: _____

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Provide the required financial information below:

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, PLEASE contact your financial institution for verification:

Name of Financial Institution: _____

ABA/Routing Number: _____

Account Number: _____

Check one: _____ Checking Account _____ Savings Account

Summer taxes will be debited from your account on:

SEPTEMBER 14*

Winter taxes will be debited from your account on (Please circle ONE date):

Township's Last Business Day of DECEMBER OR FEBRUARY 14*

*If the due date is a Saturday or Sunday, the due date is extended to the following business day.

I authorize the Ada Township Treasurer to deduct the payment of my tax bill(s) from the checking or savings account listed above. I understand that I control my payments and if at any time I decide to discontinue this payment service, *I must notify the Township in writing at least 15 days prior to electronic payment date.* I also understand that all information provided will remain confidential. **This form cannot be processed without your signature.**

Please sign: _____ Date: _____

RETURN WITH A VOIDED CHECK NO LATER THAN:

September 1 for Summer Taxes and December 15 for Winter Taxes

FOR OFFICE USE ONLY
RECEIVED: _____
ENTERED: _____

ADA TOWNSHIP
7330 Thornapple River Dr.
P O Box 370
Ada MI 49301
Phone: (616) 676-9191 ext. 33 or 50 **Fax:** (616) 676-5870

Automatic Utility Bill Payment Authorization Form

Please complete the following information requested below (please print):

Account #: _____

Service Address: _____

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Provide the required financial information below:

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, PLEASE contact your financial institution for verification:

Name of Financial Institution: _____

ABA/Routing Number: _____

Account Number: _____

Check one: _____ Checking Account _____ Savings Account

***If the due date is a Saturday or Sunday, the due date is extended to the following business day.**

I authorize the Ada Township Treasurer to deduct the payment of my utility bill(s) from the checking or savings account listed above. Payments will be made from my account on the 10th day of the month. I understand that I control my payments and if at any time I decide to discontinue this payment service, I must notify the Township in writing at least 15 days prior to electronic payment date. I also understand that all information provided will remain confidential. **This form cannot be processed without your signature.**

Please sign: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK AND RETURN TO:

**ADA TOWNSHIP
DIANE NGUYEN
P O BOX 370
ADA MI 49301**

FOR OFFICE USE ONLY	
SECTION:	_____
RECEIVED:	_____
ENTERED:	_____
EFFECTIVE:	_____