



City of Grosse Pointe Woods

Property Tax Direct Payment Enrollment Authorization Application

1. Please complete the information requested below (please print):

Name (as shown on bill) _____
 Service Address _____
 Daytime Phone # _____
 Financial Institution _____
 ABA/Routing Number _____ - _____ - _____
 Account # _____
 Account Type Checking ___ Savings ___
 Parcel ID # Number 40- _____

****(Attach a voided check)****

2. Provide your signature for authorization:

On (insert today's date) ___/___/_____, I authorize the City of Grosse Pointe Woods to enroll me into the direct payment program and withdraw my **PROPERTY TAX BILL ONLY** 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 will notify the City of Grosse Pointe Woods Tax Department.** All changes must be made at least 5 business days prior to the due date. I also understand that all information provided will remain confidential.

Effective Date Requested _____ (Next Property Tax due date will be used if left blank)

Requirements	Please sign below and attach a voided check from the account specified above for account verification purposes. Without this voided check, this form will not be processed. Please return form to City Hall Tax Department.		
Signature		Date	___ / ___ / ___

3. Complete this section and detach at the dotted line and retain for your records:

On (insert today's date) ___/___/_____, I authorize the City of Grosse Pointe Woods to enroll me into the direct payment program and withdraw my **PROPERTY TAX BILL ONLY** from the checking or savings account listed below. **I understand that I control my payments and if at any time I decide to discontinue this payment service, I will notify the City of Grosse Pointe Woods Tax Department.** I also understand that all information provided will remain confidential. If you have any questions, please contact: 313-343-2435.

******Property Tax Due Dates: On or about August 31st & February 14th ******

Financial Institution _____
 ABA/Routing Number _____ - _____ - _____
 Account Type Checking ___ Savings ___
 Parcel ID # _____