

# CATHERINE McCLARY, CPFO, CPFIM

Washtenaw County Treasurer  
200 N. Main Street, Suite 200 PO Box 8645  
Ann Arbor, MI 48107-8645  
Phone: 734-222-6600, Fax: 734-222-6632

Rev: 10/24/2019

Dear Taxpayer,

We appreciate your payment. We accept personal checks, Visa, MasterCard, Discover, and automatic payments from your bank account. Automatic payments are easy to do, and we safeguard your bank information. Fill out the form below and fax it to the Treasurer's Office at 734-222-6632 along with a copy of a cancelled check or bank letter.

We accept partial payments of any kind. You can use this form to begin making automatic monthly payments of a manageable amount from your checking or savings account. We want to help you catch up and become paid in full.

If you are facing financial hardship, please call us at 734-222-6600. We can help you.

Catherine McClary, Washtenaw County Treasurer

## Authorization for Automatic Payment of Delinquent Property Taxes From Your Bank Account (ACH)

### Property Information:

Property Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### Name and Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### Payment Details:

One-Time Payment:

Payment Date: \_\_\_\_\_

Recurring Payment:

Payment Day:  Every Friday  
 Every Other Friday  
 10<sup>th</sup> of the Month  
 20<sup>th</sup> of the Month

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Account Information:

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:  Checking  Savings

### Initials:

\_\_\_\_\_ I hereby authorize the Washtenaw County Treasurer to initiate an electronic transaction to my bank account at the financial institution indicated above. Transactions will be completed according to payment details provided above. I further authorize the Treasurer to recover funds deposited in error by debiting my bank account or adjusting future transactions. Michigan Law governs electronic funds transactions authorized by this Agreement in all respects except as otherwise superseded by Federal Law.

\_\_\_\_\_ I understand that requests to hold or stop ACH payments must be received 2 business days prior to the deduction date.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please call our office at 734-222-6600 with any questions you may have about automatic payments.*

Fax completed form and a cancelled check to: 734-222-6632  
OR mail to: Washtenaw County Treasurer  
P.O. Box 8645  
Ann Arbor, MI 48107-4645