

**CITY OF MILAN
AUTOMATIC TAX PAYMENT SYSTEM ENROLLMENT FORM**

Your enrollment will be in effect until the City Clerk/Treasurer receives written notice directing otherwise.

This information will be kept confidential and not used for any other purpose.

PLEASE PRINT or TYPE CLEARLY

TAXPAYER INFORMATION

NAME: _____ PARCEL I.D.#: _____

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE NUMBER: () _____

BANK INFORMATION

BANK NAME: _____

BANK ROUTING NUMBER: _____

ACCOUNT NUMBER: _____ ACCOUNT TYPE: (circle one)
CHECKING SAVINGS

PAYMENT WITHDRAWAL OPTIONS

PLEASE ANSWER BOTH OF THE FOLLOWING:

SUMMER TAX BILL YES _____ NO _____ (To be withdrawn the last week of August)

WINTER TAX BILL YES _____ NO _____ (If YES see below)

Please WITHDRAW IN DECEMBER _____ (To be withdrawn the last week of December)
Check

One WITHDRAW IN FEBRUARY _____ (To be withdrawn the first week of February)

SIGNATURE: _____ DATE: _____

CLERK/TREASURER'S OFFICE USE ONLY

Date Received: _____ Initials: _____

Method Received: (circle one) Over Counter Mail

Date Posted to Tax Program: _____ Initials: _____