

Telephone 517-323-8510



**ENROLLMENT FORM FOR ELECTRONIC PAYMENT
DELTA CHARTER TOWNSHIP PROPERTY TAX BILLS**

Account Information:

Name _____

Property Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Daytime Tel (____) _____ Property No. _____

Financial Institution Information:

Bank Name _____ Checking ___ Savings ___

Routing No. _____ Acct. No. _____

If available, please enclose a voided check or check copy associated with the bank account listed above. The voided check should show the name of your financial institution, the ABA/routing number and your account number. ***Please note that this form is authorizing payment of 2009 summer and winter taxes ONLY.***

Your Signature Of Authorization: For Summer and Winter 2009 Taxes Only

I authorize Delta Charter Township to deduct my payment(s) from the checking or savings account indicated above on dates checked below. Please return this form **10** days before the earliest date checked below.

Summer taxes ___ September 14, 2009

Winter taxes ___ December 31, 2009 or ___ February 16, 2010

Furthermore, I understand that Delta Charter Township may discontinue this service at any time and that penalties apply if the account has insufficient funds on the due date.

Your Signature Is Required

Signature _____ Date _____