

Tony Moulatsiotis

Muskegon County Treasurer
173 E Apple Ave, Ste 104
Muskegon, MI 49442
Phone: (231) 724-6261, Fax: (231) 724-6549, matthewsje@co.muskegon.mi.us

Dear Taxpayer:

We appreciate your payment. We accept personal checks, American Express, Visa, Mastercard, Discover, and automatic payments from your bank account. Automatic payments are easy to do and we safeguard your bank information. Just fill out the form below and fax it to the Treasurer's Office at (231) 724-6549.

You can use this form if you would like to begin 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 (231) 724-6261. We can help you.

Tony Moulatsiotis, Muskegon County Treasurer

****Participating in the ACH program does not exempt property owners from the foreclosure process outlined in MCL 211.**

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

Name and Address as it appears on the Bank Account

Name: _____
Address: _____

Property Number: _____
Property Address: _____
Phone Number: _____
E-mail Address: _____

Payment Details:

Bank Name: _____
Account Number: _____
Payment Frequency: _____ One Time
_____ Recurring

Bank Routing Number: _____
Account Type: _____ Checking
_____ Savings

Payment Amount: _____
Payment Day: _____ 4th of Month
_____ 20th of Month

Begin Date _____ until paid in full
*If the 4th or 20th fall on a non-business day, the payment will be processed the following business day.

***A COPY OF A BLANK CHECK OR DEPOSIT SLIP MUST BE ATTACHED**

Mail this completed to:
Muskegon County Treasurer
173 E Apple Ave, Ste 104
Muskegon, MI 49442
Or fax to: (231) 724-6549, Attention: Jeniffer

_____ I hereby authorize the Muskegon County Treasurer to initiate an electronic transaction from my bank account at the financial institution indicated above. Transactions will be completed according to payment details provided above. Michigan Law governs fund transactions authorized by this Agreement in all respects except as otherwise superseded by Federal Law.

_____ I understand that requests to hold or stop any and all ACH payments must be received 2 business days prior to the deduction's date. **FAILURE TO NOTIFY OUR OFFICE THAT THERE ARE INSUFFICIENT FUNDS IN YOUR ACCOUNT TO COVER THE ACH DEDUCTION WILL RESULT IN A \$35.00 NSF FEE. AFTER 3 NSF OCCURENCES, THE ACH AGREEMENT IS CANCELLED.**

Signature _____

For Office Use Only
Received by: _____

Date _____

Please call our office at (231) 724-6261 with any questions you may have about automatic payments.