



City of Clawson

# Taxes

425 N. Main Street / Clawson, Michigan 48017  
(248) 435-4500 FAX (248) 435-3240

I, \_\_\_\_\_, PRINT - first name last name

hereby authorize the City of Clawson, to debit the banking account listed below,  
for purposes of payment of: **the 8 INSTALLMENTS OF THE 2021 SUMMER TAX BILL.**

16 - - - - Parcel #  
\_\_\_\_\_

\$ \_\_\_\_\_ Installments #1 thru 7 - To Be Withdrawn From Account The Last Day  
Of Each Month, Starting July 31, 2021 thru January 31, 2022

\$ \_\_\_\_\_ Installment #8 - Amount To Be Withdrawn From Account On February 28, 2022

PLEASE CIRCLE ONE: Checking or Savings

\_\_\_\_\_ Account Number To Be Used (Checking or Savings)

\_\_\_\_\_ Routing Number

\_\_\_\_\_ Property Address

\_\_\_\_\_ Tax Payers Telephone #

I understand that if I have a change to the above information that I will notify the City of Clawson Treasurer's Office, in writing, within 15 days of the due date. I also understand that if I want to discontinue the direct debit program, I must provide the City of Clawson Treasurer's Office with a 30 day notice in writing. In addition, if my direct debit comes back for any reason, including Non-Sufficient Funds or Account Closed, I could be charged \$20.00.

\_\_\_\_\_ (signature)

\_\_\_\_\_ (date)