

Tax Payment Form

SALINE AUTOMATIC PAYMENT AUTHORIZATION FORM

Name: _____ Phone: _____

Billing Address: _____

Mailing Address
(if different from
billing address) _____

Parcel ID #: _____

Bank Name: _____

Bank Routing #: _____
9-digit ABA number

Bank Account #: _____

Type of Account: Checking Savings

The Summer Tax bill will be deducted on the due date.
Please indicate which date you would like the Winter Tax bill deducted on.

December 31st _____ February 14th _____

Please enroll me in the City of Saline's automatic payment program for City Tax Payments.
I authorize the City, through an agreement with Key Bank, to collect full payment of my tax bills by
initiating a debit entry (deduction) to the bank account shown above. I understand that this
authorization will continue in force until it is discontinued by my written request to terminate the
automatic payment service.

Signature: _____ Date: _____

Please return this completed form to the Saline Treasurer's Office, 100 N. Harris Street, Saline, MI 48176.