



OFFICE OF THE CITY TREASURER

CITY HALL - ROOM 103 • 200 EAST WELLS STREET • MILWAUKEE, WISCONSIN 53202
 TELEPHONE: (414) 286-2240 • FAX: (414) 286-3186 • TDD: (414) 286-2025

DATE: TAX KEY/ACCOUNT NUMBER: PROPERTY ADDRESS:

To enroll in the EFT installment payment program, please complete and sign this authorization and return it prior to the first of the month to assure the current month's installment tax payment due can be debited to your checking or savings account on the 25th of the month.

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER FOR REAL ESTATE AND PERSONAL PROPERTY TAXES

I authorize the City Treasurer to start debiting my account at the financial institution specified below for the current levy property taxes due, payable on the current monthly installment payment plan, for the property tax key/account number noted above. **Monthly installment tax payments due to be debited to my account on the 25th of each month, or the following business day if the 25th falls on a weekend or holiday.** I understand that the transfer of funds to the City Treasurer will not occur if there are insufficient funds in my account. **This authorization is to remain in effect and shall apply to subsequent tax levy years until the City Treasurer receives a written notification from me of its termination.** Cancellation of this authorization must be received by the first of the month in which I want to terminate my participation in the EFT installment payment plan.

Name on Account: _____

Mailing Address: _____

City, State, and Zip Code: _____

Day Time Telephone Number with Area Code: _____

Financial Institution: _____

Account Type (Check One): Checking Savings

Routing Number (9 Digits): _____

Account Number: _____

I have read and agree to the terms and conditions stated above:

Signature: _____ Date: _____

Clearly Print Signatory's Name Here: _____

**PLEASE ENCLOSE VOIDED CHECK FOR CHECKING ACCOUNT DEBITS OR
 VOIDED DEPOSIT SLIP FOR SAVINGS ACCOUNT DEBITS.**