



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
 WEB SITE: www.milwaukee.gov/treasurer

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 15th of the month to assure the current month's installment tax payment due can be debited to your checking or savings account on the due date. Please note if your authorization form is received after the 15th of the month, you MUST pay the current month's installment payment due on or before the last day of the current month by check or cash.

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 due date. 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.

Pursuant to the Milwaukee Code of Ordinances, Section 81-19.5, any tax payment transaction that is returned by the bank for any reason will be assessed a \$35 fee, which will be added to your tax account balance.

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: _____

FOR OFFICE USE ONLY

CO CH CA

Customer# _____

1st Direct Debit ___/___

EFT Flag Add/Del

Bank # _____

Initials _____

Date Com. ___/___/___

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.**