

**CITY OF MARQUETTE  
PROPERTY TAX BILL AUTHORIZATION FOR  
AUTOMATIC FUNDS TRANSFER**



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Property #: \_\_\_\_\_ Phone #: \_\_\_\_\_

I authorize the City of Marquette to automatically withdraw from my account identified below, the total amount of my tax bill. I authorize the Financial Institution named below to accept such transactions initiated by the City of Marquette. I understand it is my obligation to have funds in my account to cover the tax bill on the dates stated below or interest/penalties will apply. I acknowledge and agree that the City's return check fee as listed in the current fee schedule will be charged in the event that a payment is returned from the bank.

I will notify the City of Marquette in writing at least ten (10) business days before the date the funds are to be withdrawn if there is any change in the bank account number, if I am no longer responsible for paying the taxes on this property, or until this authorization is revoked by me.

**Note:** If the due date is on a weekend or holiday, the transaction will be processed the next business day, with the exception of December (see below).

SUMMER TAX BILL will be processed on SEPTEMBER 14<sup>th</sup>

WINTER TAX BILL will be processed on : (please circle one date below)

DECEMBER 30<sup>th</sup> (or the last City business day in Dec)

or

FEBRUARY 14<sup>th</sup>

Financial Institution Name: \_\_\_\_\_

Account # \_\_\_\_\_  Checking or  Savings  
(please check one)

Bank Routing # \_\_\_\_\_

Name on Account: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**Attach a voided check or savings withdrawal slip (not a deposit slip)**

Return to: City of Marquette Treasurer's Office, 300 W Baraga Ave., Marquette, MI 49855  
Any Questions? Call us at (906) 228-0475