



MILAN

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147 WABASH STREET, MILAN MI 48160

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**CITY OF MILAN
AUTOMATIC PROPERTY TAX PAYMENT SYSTEM ENROLLMENT FORM**

Enrollment in effect until City of Milan Treasurer's Office receives written notice of cancellation.
Information will be kept confidential and not used for any other purpose.

TAXPAYER INFORMATION

NAME: _____ PARCEL I.D. #: _____

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

BANK INFORMATION

BANK NAME: _____

BANK ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: (check one) CHECKING _____ SAVINGS _____

PAYMENT WITHDRAWAL OPTIONS

Please answer both of the following:

SUMMER TAX BILL: YES _____ NO _____ (To be withdrawn last week of August)

WINTER TAX BILL: YES _____ NO _____ (If **YES** see below)

PLEASE SELECT ONE OPTION BELOW

WITHDRAW IN DECEMBER _____ (Last week of December)

WITHDRAW IN FEBRUARY _____ (First week of February)

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Date Received: _____

Method Received (check one): Front Counter _____ Mail _____

Date posted to TAX: _____ Posted by initials: _____