

**City of Hastings**  
COUNTY OF BARRY, STATE OF MICHIGAN

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**2024 Tax Billing Authorization Agreement for Automatic Bill Pay**

I hereby authorize the City of Hastings to initiate a debit entry to my checking/savings account indicated below and authorize the depository institution named below to debit the same to such account.

Winter Payment Date: \_\_\_\_\_ 12-27-2024 \_\_\_\_\_ 02-14-2025  
(Please select one)

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit / ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type:     **Checking**   **Savings**  
(Please circle one)

Properties with payments returned by the financial institution will be assessed a returned item fee of \$50.00 plus additional penalties & interest if paid after the due date. A new Tax Automatic Bill Pay form must be completed each tax season.

Customer Name: \_\_\_\_\_ Customer Phone #: \_\_\_\_\_

Property Address: \_\_\_\_\_ Property #: \_\_\_\_\_

\_\_\_\_\_  
(Customer Signature)

\_\_\_\_\_  
(Date)

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**Office Use Only**

Date Received: \_\_\_\_\_ Received and Processed by: \_\_\_\_\_