

City of Norton Shores

Direct Pay Enrollment Form

In response to many requests from customers like you, we are happy to offer a payment option that will automatically pay your tax bill from your checking or savings account. Simply complete the enrollment form on the other side, detach and return to the finance department:

City of Norton Shores
Finance Department
4814 Henry Street
Norton Shores, MI 49441

It's that easy!

Allow 30 days for enrollment to or termination from the Direct Pay Program. The City reserves the right to incorporate Direct Pay program guidelines into the Tax Collection Rules and Regulations.

City of Norton Shores

Direct Pay Authorization Agreement

KEEP THIS DIRECT PAY AGREEMENT FOR YOUR FILES

On _____, I authorized the City of Norton Shores to initiate entries to my account at the financial institution named on the Direct Pay enrollment form. I further authorized that financial institution to charge my account for those entries on the bill due date.

I understand that this authorization will remain in effect until terminated in writing by me, by the City of Norton Shores, or my financial institution. I understand the City reserves the right to terminate my participation in the Direct Pay program if my payment is rejected more than once in a six-month period. I will continue to pay my bill in the usual manner until it indicates on my bill that the payment will be deducted automatically. The payment options I have chosen are recorded below.

Account Type: ___ Savings ___
Checking

Now you can pay your
tax bill
the "DIRECT" way with the



DIRECT PAYMENT OPTION

No Checks!

No Postage!

No Late Payments!

No Hassles!

Norton Shores Tax Bill

Direct Pay makes it easy!

The City of Norton Shores invites you to select the easy way to pay your tax bill with Direct Pay. Your participating bank, savings and loan or credit union can pay your tax bill by deducting the amount due automatically from your checking or savings account. Save on writing checks, stamps, envelopes and potential late fees. Simply fill out the attached form and leave your tax bill to Direct Pay!

Is it safe and secure? Yes, both the City of Norton Shores and our financial institution are required to keep your banking information confidential.

Will I still receive a bill? Yes, you will simply no longer need to write a check to make your payment. The payment will be automatically deducted on the due date as indicated on your bill.

What if I don't agree with the amount charged? Contact the Finance Department at 799-6805 as you normally would with a billing question. You will need to contact us within 10 days of the billing date to allow time to resolve concerns before the payment due date.

Direct Pay makes it easy!

Once I send in this form will my next bill be paid automatically? NOT NECESSARILY. You will need to allow 30 days for your enrollment to be processed. Continue to pay as you normally would until your bill shows that you have been signed up for automatic payment.

What if I change banks or accounts? You will need to submit a new enrollment form. Contact the Finance Department at 799-6805 and we will send one to you.

What if my payment is returned by the bank? Payments may be returned by a financial institution for insufficient funds, closed accounts or other reasons. If your payment is returned for any reason you will be charged a processing fee. The City reserves the right to discontinue your participation in the program if your payment is rejected more than once in a six-month period. Your financial institution may also charge fees for rejected payments.

How do I stop participating in the program? Cancellations must be received in writing. Simply call the Finance Department at the number printed on your bill and we will send you a termination form. Your request will become effective 30 days after we receive written notification.

Direct Pay Enrollment Form

I authorize the City of Norton Shores and my financial institution to automatically deduct my property tax payment from the checking or savings account listed below. I understand either party can cancel, in writing, at any time. I can notify the City in writing to terminate this authorization at any time.

Property Parcel Number:

61-27 _____

Property Owners Name: _____

Property Address: _____

Winter Bill Payment (select one):

____December 31st or ____February 14th

Name of Financial Institution: _____

Bank Account Number: _____

Account Type (select one):

____ Saving ____ Checking

IMPORTANT NOTE: To ensure proper account information, you MUST attach a deposit slip or a check marked VOID. Enrollment cannot be completed without your signature below.

Accountholder Signature: _____ Date: _____

Daytime Phone: _____