



City of Clawson

Taxes

425 N. Main Street / Clawson, Michigan 48017
(248) 435-4500 FAX (248) 435-3240

I, _____,
PRINT - first name last name

hereby authorize the City of Clawson, to debit the banking account listed below,
for purposes of payment of: the ENTIRE 2010 SUMMER TAX BILL IN FULL.

16 - - - - Parcel #

\$ _____ Amount To Be Withdrawn From Account on July 31, 2010

_____ Account Number To Be Used (Checking or Savings)

_____ Routing Number

PLEASE CIRCLE ONE: Checking or Savings

PLEASE CIRCLE ONE: Is the parcel # a: Residence or Business

_____ Property Address _____ Tax Payers Telephone #

I understand that if I have a change to the above information that I will notify the City of Clawson Treasurer's Office,
in writing, within 15 days of the due date. I also understand that if I want to discontinue the direct debit program,
I must provide the City of Clawson Treasurer's Office with a 30 day notice in writing. In addition, if my direct debit
comes back for any reason, including Non-Sufficient Funds or Account Closed, I could be charged \$20.00.

_____ (signature) _____ (date)