

City of Hastings
COUNTY OF BARRY, STATE OF MICHIGAN

2025 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: _____ 12-29-2025 _____ 02-17-2026
(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)

Office Use Only

Date Received: _____ Received and Processed by: _____