



City of Holland  
Treasurer's Office  
270 S River Ave  
Holland, MI 49423  
616-355-1380  
treasurer@cityofholland.com

## Pay Your Tax Bill Direct From Your Bank Account!

- **No Checks • No Postage • Your Payment Will Always Be on Time •**

- **How does Automatic Bill Payment work?** Mail, email, or drop off your completed enrollment form to the city offices (we have a secure drop box for your convenience). Once set-up, we will confirm receipt via email. Your payment will withdraw automatically as described on the enrollment form for each tax season. Automatic payment will stay in place from year to year unless you notify us in writing to cancel.
- **How will you know the amount of your bill?** The Treasurer's department will send you a tax bill the first week of July for the summer bill and the first week of December for your winter bill. You may also look up your tax information free of charge online at [www.cityofholland.com](http://www.cityofholland.com)
- **What if there is a question about your bill?** Call the Treasurer's office at 616.355.1380. If the amount due is in question, you may stop the automatic withdrawal (must be done at least 15 days prior to the chosen withdrawal date).
- **Is there a charge for the service?** There is no charge from the City of Holland. We are offering the Automatic Tax Bill Payment service free of charge. Most financial institutions do not charge their customers for the service. However, you should individually contact yours to verify.
- **Can payments be withdrawn from a savings account?** Generally, yes, however some savings and money market accounts may not be able to accept these transactions. Contact your financial institution for information about your specific account.
- **What if you need to make a change?** If you change your checking/savings account, a new enrollment form will be required. If you decide to cancel your participation in the Automatic Bill Payment plan, please notify us in writing (must be done at least 15 days prior to the chosen withdrawal date). If you do not notify us and your payment is rejected fees may apply.
- **What if I am signed up for the service, but accidentally make a payment by other means?** If your account is paid in full and you are signed up for the service, the automatic payment will not be processed for the current bill.

**Complete the enrollment form on the opposite side if you are interested in using this service.**



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## Pay Taxes with Auto Pay Enrollment Form

1. Complete ALL the following information requested below (please print clearly):

Parcel Number(s):

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

Mailing address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

2. Provide the required financial information below:

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, PLEASE contact your financial institution for verification:

Name of Financial Institution:

ABA/Routing Number:

Check one:  Checking Account  Savings Account

Account Number:

3. Select the date your Winter tax payment will be processed:

**Please Note: For the payment to be in the City's account on the date you select, the funds may be withdrawn from your account up to 10 business days prior. Please make sure funds are available in your account.**

Summer taxes:  
 Due Date August 15<sup>th</sup>

Winter taxes (choose one):  
 Last Business Day in December   
 Due Date February 14<sup>th</sup>  (If no selection is made the Feb 14th due date will be the default)

*If the Due Date is Sat, Sun or a Holiday, the Due Date is extended to the following business day!*

Form must be received at least 15 days prior to the due date to go into effect for the current tax cycle.

4. Provide your signature for authorization:

I authorize the City of Holland to deduct the payment of my tax bill/s from the checking or savings account listed below. I understand that I control my payments and if at any time I decide to discontinue this payment service, I must notify the City in writing. I also understand that all the information provided will remain confidential. This form cannot be processed without your signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_