

AUTHORIZATION FORM
City of Holyoke "Direct Payment" Program

(There is no City charge for this service.)

Please include a check with "VOID" written across it from the account you wish to use in paying the Tax(es) and/or fee(s) noted below. Be sure to keep a copy of the completed form for your records.

Name: _____ Tel. # _____

Address: _____

Taxes to be paid through the "Direct Payment" Program: (Check appropriate box(es).

Real estate tax for account number(s): _____

Personal Property Tax for account number: _____

Financial Institution where account is located. _____

Account Number: _____

Signature: _____ Date: _____

By completing this form I understand that I authorize my bank or other financial institution to make payments directly from my account noted above to the City of Holyoke for the purpose of paying the tax(es) and/or fee(s) listed above. I control these payments, and if at any time I wish to discontinue my participation in the "Direct Payment" Program, I may do so by notifying the City Collector at the address noted below. Such notification must be in writing and received by the Collector 21 days before I wish the service to be discontinued. I agree to notify the Collector's Office of any change in my financial institution and/or bank account number which is to be debited.

Return completed form to:

Collector of Taxes

Holyoke City Hall

536 Dwight St., Room ~~6~~ 13

Holyoke, MA 01040