



# Baldwin Township

1119 Monument Road, Tawas City, MI 48763

## AUTOMATIC PAYMENT AUTHORIZATION FORM

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

Parcel Number: \_\_\_\_\_

Parcel Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If Different)

Daytime phone number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

Please attach a voided check with financial institution name, routing number, and account number. Return to Baldwin Township Hall, 1119 Monument Rd. Tawas City, MI 48763. ATTN: Treasurer

I authorize Baldwin Township to deduct my payment from the designated account. I understand that I can discontinue this payment service at any time by notifying Baldwin Township Treasurer in writing, 30 days prior to discontinue date. I understand that if I do not update account information or notify Township of request to discontinue in timed outlined, I will be subject to any fees that may occur.

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Signature

Date

Cathy Pittsley  
Clerk

Baldwin Township Board

Patricia Spriggs  
Treasurer

Clifford Miller  
Trustee

Christopher Martin  
Supervisor

David Hoin  
Trustee