

AUTHORIZATION AND ENROLLMENT FORM FOR  
DIRECT FUND WITHDRAWAL  
FOR PROPERTY TAXES

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Property Address (if different from mailing address) \_\_\_\_\_

Phone \_\_\_\_\_ Parcel Number 03-13-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

I hereby authorize the Leighton Township Treasurer to automatically withdraw from my account identified below, the total amount due on my summer and winter tax bills. I authorize the Financial Institution named below to accept such transaction initiated by Leighton Township.

Direct withdrawals shall be made from my account for the summer bill on:

September 1, 20 or the first business day of the month

Direct withdrawals shall be made from my account for the winter bill on:

December 18, 20 to have credit on your yearly income taxes or

February 1, 20

**Please select appropriate box above.** The maximum amount drawn will not exceed the total amount due on the tax bills.

Please note that this authorization is to remain in effect until Leighton Township has received written notification of termination at least (5) business days before the next regular transaction date.

Financial Institution Name \_\_\_\_\_

Checking \_\_\_\_\_ ATTACH A VOIDED CHECK

Savings \_\_\_\_\_ Fill in

Routing number \_\_\_\_\_ and Account Number \_\_\_\_\_

Print Name on Account \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_ Date Signed \_\_\_\_\_

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Office Use Only: Date posted to tax system \_\_\_\_\_