

**City of Grand Rapids**  
**AUTHORIZATION TO DIRECT WITHDRAW TAXES**

Please complete and return to the City Income Tax Office

\_\_\_\_\_  
NAME (please print)

\_\_\_\_\_  
SSN or Alt ID

\_\_\_\_\_  
Amount to be withdrawn

\_\_\_\_\_  
Number to reach you between 8am – 5pm

\_\_\_\_\_  
Bank Routing Number

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Reoccurrence of withdrawal  
(Example 15<sup>th</sup> of each month or 3<sup>rd</sup> Friday of each month)

\_\_\_\_\_  
Start Date of first withdrawal

I authorize the City of Grand Rapids to withdraw my Grand Rapids Taxes. If funds are not available I will be charged a returned bank fee of \$30.

I understand this authority will remain in effect until I give written notification of cancellation or balance is paid in full.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**Direct Withdrawal Cancellation**

I hereby cancel my authorization to direct withdraw taxes.

Account Number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

City of Grand Rapids Income Tax Office  
PO BOX 347  
GRAND RAPIDS, MI 49501  
Phone: 616-456-4084 Fax: 616-456-4540  
Email: [grincometax@grcity.us](mailto:grincometax@grcity.us)