

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

Please complete and return to the City Income Tax Office

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

Social Security Number \_\_\_\_\_

Amount to be withdrawn \_\_\_\_\_

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

Checking  Savings  Routing Number \_\_\_\_\_

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

**Recurrence of withdrawal - Pick only one**

**Weekly**

Monday       Tuesday       Wednesday       Thursday       Friday

**Bi-Weekly (every two weeks)**

Monday       Tuesday       Wednesday       Thursday       Friday

**Monthly**

Date \_\_\_\_\_ (ex. 1<sup>st</sup>, 15<sup>th</sup>, 2<sup>nd</sup> Tuesday, last day of each month, etc.)

I authorize the City of Grand Rapids to withdraw my Grand Rapids Income Taxes. If funds are not available, I will be charged a returned bank fee of \$30. It can take 1-5 business days for a payment to show up in your account after the date requested but credit will be given for the requested date even if it falls on a weekend or holiday.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

City of Grand Rapids Income Tax Office  
PO BOX 347  
GRAND RAPIDS, MI 49501  
Phone: 616-456-3415 option 0 Fax: 616-456-4540  
Email: [grincometax@grcity.us](mailto:grincometax@grcity.us)