

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

Please complete and return to the City Income Tax Office.  
Allow 1-5 business days for payment processing

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

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

Amount to be withdrawn \_\_\_\_\_

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

**NO FEE Checking or Savings**

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

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

**FEE-Credit Card Payment 3% with \$2 minimum**

Visa  Master Card  Discover/Novus

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV CODE \_\_\_\_\_ (3 digits)

**One-Time Payment** Date \_\_\_\_\_

**Reoccurring payment**

15<sup>th</sup>  or  30<sup>th</sup>  both 15<sup>th</sup> and 30<sup>th</sup>

**Start**  
**Date** \_\_\_\_\_

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.** If you are using a debit or credit card you are acknowledging the fee set by the third-party vendor.

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)