



City of Rochester Hills Property Tax Recurring Automatic Bill Payment Enrollment/Change Form

Enrollment for automatic recurring payment via checking or savings account. This form can also be used to change or update your existing information.

The City offers at no charge automatic recurring bill payment for your Summer & Winter Property Tax bill via your checking or savings account. You will continue to receive your property tax bill in your normal way, informing you of the amount due and the date the payment will be deducted from your bank account.

If you have any questions about this form, please contact the Rochester Hills Treasury Division via email at osieckil@rochesterhills.org or by phone at (248) 841-2581.

* Required

Taxpayer Information

First Name *

Last Name *

Property Address *

Parcel # * (Example: 70-15-21-201-001)

Day Time Phone Number *

Email Address *

Automatic Enrollment Status

New Account (New Automatic Bill Payment Customer)

Update Account (City must be notified at least 3 days prior to scheduled payment date.)

Cancel Account (City must be notified at least 3 days prior to scheduled payment date.)

Bank Account Information

Financial Institution Name *

Routing Number (must be 9 digits) *

IMPORTANT: Please provide a bank account number and indicate checking or savings account below

Bank Account Number Please include leading zeroes (Example: 00012345)

Checking Account Number OR

Savings Account Number

Authorization and Agreement

Authorization *

I hereby authorize the City of Rochester Hills to deduct the full amount of my summer and winter property tax bills from the checking or savings account listed above on the following recurring dates:

Summer Taxes: Due Date - September 14th
(UNLESS IT FALLS ON A WEEKEND, THEN NEXT BUSINESS DAY)

AND * *Mark only one.*

Winter Taxes: Last business day of December **OR**

Winter Taxes: Due Date - February 14th
(UNLESS IT FALLS ON A WEEKEND, THEN NEXT BUSINESS DAY)

Agreement *

I understand that all information provided will remain confidential. I understand that it is my responsibility to enter my information correctly and to confirm the City of Rochester Hills has received and processed my enrollment form. I understand that a fee will be charged if my payment is returned for any reason and that my taxes will be considered unpaid and subject to interest and/or penalty if not paid by Summer and Winter due dates. If at any time I decide to discontinue this payment service, I will notify the City no less than 14 days prior to the scheduled payment date.

I agree (please click the check box and type your full name in the blank below)

Electronic Signature *

I hereby certify that by checking "I agree" in the authorization ABOVE and typing my full name BELOW, I am entering into a legally binding contract between the City of Rochester Hills and myself or the entity I am authorized to represent. Please type your FULL NAME in the blank below.

Date * You must include date of submission. (Example: January 15, 2020)

Additional Comments

Please Note: The **Submit via Email button** does not work with all email accounts. If you want to submit by email and the **Email button is not working** for you, you must print the form to Save as PDF then attach to an email to abpenroll@rochesterhills.org. We apologize for any inconvenience. If you need assistance with enrolling, please call 248-841-2581 or 248-841-2580.