



**City of Lakewood**  
**Division of Municipal Income Tax**  
 12805 Detroit Avenue Lakewood, OH 44107  
 Telephone: (216) 529-6620 Fax: (216) 529-6099  
 Website: [www.onelakewood.com](http://www.onelakewood.com) Email: [taxdept@lakewoodoh.net](mailto:taxdept@lakewoodoh.net)



Tax ID #: \_\_\_\_\_

**Form ACH-C**

## ACH Electronic Funds Transfer Change Form

**Payment Plan Change**

**Quarterly Estimate Change**

Primary Name: \_\_\_\_\_

Joint Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone # (including area code): \_\_\_\_\_

Email address: \_\_\_\_\_

### Bank Information – PLEASE INCLUDE A VOIDED CHECK IF AVAILABLE

Financial Institution: \_\_\_\_\_ Checking or Savings

Account listed in the name(s) of:

\_\_\_\_\_ Routing #: \_\_\_\_\_

\_\_\_\_\_ Account#: \_\_\_\_\_

Contact Phone #: (if different from above) \_\_\_\_\_

### Payment Plan/Quarterly Estimate Withdrawal Amount

*To raise or lower your **predetermined ACH automatic withdrawal amount**, please contact our office at (216) 529-6620.*

I/we authorize the City of Lakewood – Division of Municipal Income Tax to instruct my/our banking institution to deduct via an ACH electronic fund transfer the predetermined payment plan or quarterly estimate amount for income tax due from my/our listed account. I/we understand that my/our account will be debited on the predetermined date for the duration of the payment plan or estimate. In the event that date falls on a weekend or holiday, I/we understand that the transfer will be done the next business day. I/we understand that an ACH electronic fund transfer returned unpaid is considered Non-Sufficient Funds (NSF) and will be assessed a \$30 fee. I/we understand if at any time I/we need to make changes to the Automatic Payment Plan, I/we will notify the City of Lakewood – Division of Municipal Income Tax via Form ACH - C or telephone a minimum of five (5) days prior to the next scheduled funds transfer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed form to the above Lakewood address or fax to: 216-529-6099**