



City of Lakewood
Division of Municipal Income Tax
12805 Detroit Ave.
Lakewood, OH 44107

Telephone: (216) 529-6620 Fax: (216) 529-6099
 www.onelakewood.com



Tax ID #: _____

Form ACH-P

ACH Electronic Funds Transfer Registration Form – Payment Plans

Primary Name: _____

Joint Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone #: _____

Email address: _____

Bank Information – PLEASE INCLUDE AN ORIGINAL VOIDED CHECK IF AVAILABLE

Financial Institution: _____ Checking or Savings

Account listed in the name(s) of:

_____ Routing #: _____

_____ Account #: _____

Contact Phone #: (if different from above) _____

I/we authorize the following ACH Electronic Fund Transfer amount and withdrawal start-up month:

Monthly Payment Amount: \$ _____ Withdrawal Date: _____ 22, 20__

I authorize the City of Lakewood – Division of Municipal Income Tax to instruct my banking institution to deduct via an ACH electronic fund transfer the predetermined payment plan amount for income tax due from my listed account. I understand that my account will be debited on the 22nd of each month for the duration of the payment plan. In the event that the 22nd falls on a weekend or holiday, I understand that the transfer will be done the next business day. I understand that an ACH electronic fund transfer returned unpaid is considered Non-Sufficient Funds (NSF) and will be assessed a \$30 fee. I understand if at any time I need to make changes to the Automatic Payment Plan, I 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