



City of Lakewood
Division of Municipal Income Tax
 12805 Detroit Avenue Lakewood, OH 44107
 Telephone: (216) 529-6620 Fax: (216) 529-6099
 www.onelakewood.com



Form ACH-Q

ACH Electronic Funds Transfer Registration Form – Quarterly Estimate

Primary Name: _____

Joint Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone # (including area code): _____

Email address: _____

Bank Information – AN ORIGINAL VOIDED CHECK MUST BE ENCLOSED

Financial Institution: _____ Checking or Savings

Account listed in the name(s) of:

_____ Routing #: _____

_____ Account#: _____

Contact Phone #: (if different from above) _____

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 quarterly estimates from my/our listed account. I/we understand that my/our account will be debited on April 15th (if applicable), June 15th, September 15th, and December 15th of the following year for the duration of the declared estimate. In the event that the debit 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, 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