



BATH
MAINE *City of Ships*

FINANCE DEPARTMENT

Treasurer's Office
emaillet@cityofbath.com

TAX CLUB MEMBER CONTACT INFORMATION

Taxpayer Name _____ Account # _____

Contact Name (if other than taxpayer): _____

Mailing Address: _____

Taxpayer / Contact Telephone Numbers
(Required): _____

Please select a method of payment:

____ **Coupon Book payment (coupon books will be mailed to the above address)**

Automatic Bank Transfer

____ **Savings Account**

____ **Checking Account**

I authorize the City of Bath Tax Collector-Treasurer's Office to automatically withdraw 12 monthly payments, on the 15th of each month, beginning September 15, 2023 and ending August 15, 2024, for my Tax Club payments. **** Please attach voided check*****

Account Owner Name (Required): _____

Bank Routing# (Required): _____

Account# (Required): _____

Account Owner Signature (Required): _____

BANK ROUTING NUMBER AND ACCOUNT NUMBER MUST BE FILLED OUT ANNUALLY TO ENSURE THE ACCURACY OF THE ACCOUNT INFORMATION.

COMPLETE BOTH SIDES OF THIS DOCUMENT AND RETURN NO LATER THAN AUGUST 15, 2023 TO: Tax Collector, Treasurer's Office, 55 Front St., Bath, ME 04530