NEW YORK CITY DEPARTMENT OF FINANCE ● PAYMENT OPERATIONS DIVISION ● ADJUSTMENT AND DISCREPANCY UNIT

PROPERTY TAX
AUTOMATIC PAYMENT (AUTO PAY) APPLICATION

Mail to: NYC Department of Finance, Adjustment and Discrepancy Unit, 59 Maiden Lane, 19th Floor, New York, NY 10038

Instructions: Use this form to request that your monthly, quarterly, semi-annual, or annual property tax payments be deducted automatically from your bank account. Return this completed form with a voided check to the address above, or fax it to (212) 232-1759. You can also register for auto pay at www.nyc.gov/nycefile to receive email confirmation of your payments.

SECTION I - AUTO PAY REGISTRATION OR CANCELATION

REGISTER:

☐ Please register me for auto pay. I would like to pay my property taxes:

☐ **MONTHLY** ☐ **QUARTERLY/SEMI-ANNUALLY** ☐ **ANNUALLY**

CHANGE BANK INFORMATION:

☐ I want to change my routing or my account number.

REVOCATION:

☐ I want to cancel my auto pay registration.

SECTION II - PERSONAL INFORMATION

1. Name of Applicant: _____
PRINT FIRST NAME PRINT LAST NAME PRINT MIDDLE INITIAL

2. Address: _____
NUMBER AND STREET APARTMENT/FLOOR

3. City: _____ 4. State: _____ 5. ZIP Code: _____

6. Country: _____ 7. Telephone Number: (_____) _____

8. Borough _____ 9: Block: ☐☐☐☐☐ 10: Lot: ☐☐☐☐

If you have more than one property, please attach a list of all properties and their borough, block, and lot numbers.

11. Email Address: _____

If you use this form to register, rather than registering online, you will not receive email notifications when your payments are withdrawn.

SECTION III - BANK ACCOUNT INFORMATION

PLEASE ATTACH A VOIDED CHECK

1. Account Holder Name(s): _____

2. Type of Account: ☐ Checking ☐ Savings ☐ Other: _____

3. ABA Routing #: _____
(nine digit number on the botton left of check)

4. Bank Account #: _____

5. Signature: _____ 6: Date: _____/_____/ _____