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


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this form to register, rather than registering online, you will not receive email notifications when your payments are withdrawn.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 #: ________________________        4. Bank Account #: ______________________
   (nine digit number on the bottom left of check)

5. Signature: ________________________________________________________________________________________

6. Date: _______ / _______ / _______

AutoPay Appl. Rev. 1.22.2020