

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Yes, I authorize the Holmes County Treasurer to take my payment automatically from the following account:

Name of Bank: _____ Type of Account: Checking Savings

Bank Routing Number

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 (Nine digit number located on bottom left corner of check)

Bank Account Number _____

PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT/WITHDRAWAL TICKET FROM THE ACCOUNT LISTED ABOVE. AGREEMENT WILL NOT BE ACCEPTED WITHOUT THIS ATTACHMENT.

Payment Options (X only one):

_____ I (We) want to make one full year's payment on the first half's billing due date.

_____ I (We) want to make (2) half year payments on the billing's due dates.

_____ I (We) want to make 12 monthly payments of \$_____ on the 15th of each month. *Taxpayer is responsible to pay any unpaid tax remaining by due date to avoid penalty or interest.*

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. A \$5.00 charge will apply to NSF funds. This fee will be manually added to your Real Estate tax bill. If the account shows insufficient funds and the payment is not made by the due date a 10% penalty will be added to the current half taxes due. The Treasurer has the right to revoke this agreement, at any time, due to insufficient funds.

I understand that each parcel is treated individually. I understand that by having multiple parcels added to one account, I am responsible for allocating the proper amounts to each parcel and the Treasurer's Office will not move funds from one parcel to another without written consent.

I understand that to discontinue an ACH transaction, an Agreement to Discontinue Monthly, Semi-Annual or Annual Deduction form must be completed.

My parcel #(s)

(Please note, if you are choosing a monthly deduction, with more than one parcel, you must list the amounts per parcel).

Parcel #	\$ Amt	Parcel #	\$ Amt	Parcel #	\$ Amt	Parcel #	\$ Amt
Stub #		Stub #		Stub #		Stub #	
Parcel #	\$ Amt	Parcel #	\$ Amt	Parcel #	\$ Amt	Parcel #	\$ Amt
Stub #		Stub #		Stub #		Stub #	

Name _____ (please print)

Phone number: _____ Email address: _____

Signature _____ Date _____

You can fax this form and a copy of your voided check/savings deposit ticket the below fax number
OR

You can mail this form and a copy of your voided check/savings deposit ticket to:



Holmes County Treasurer's Office
75 East Clinton Street ~ Suite 105
Millersburg ~ Ohio ~ 44654
330-674-5871 ~ Phone 330-674-5860 ~ Fax

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