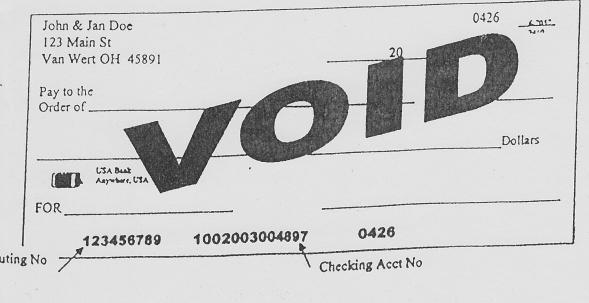
## AUTHORIZATION FORM FOR DIRECT PAYMENTS (ACH DEBITS) #3



## PLEASE RETURN THIS FORM TO THE VAN WERT COUNTY TREASURER'S OFFICE

New Authorization	Changes to Existing Authorization
Taxpayer:	Parcel Number
Address of Property	Daytime Phone No
•	• .
Financial Institution	Routing Number
Account Type: ( ) Checking ( ) Savings	Account Number
I herby authorize the Van Wert County Treasurer and the financial account. This authority will remain in effect until I notify the Treas financial institution a reasonable opportunity to act on it.  Signature	institution named above to initiate entries to my checking/savings surer's Office in writing to cancel it in such time as to afford the
PLEASE CHOOSE ONE WITHDRAWAL OPTION () Annual tax amount paid in February () Semi-annual tax amount paid in February and July () Monthly amount	N: Taxes are due the 2 <sup>nd</sup> Wednesday in February and July

## PLEASE ATTACH VOIDED CHECK HERE: (do not send deposit slip)



RETURN SIGNED AGREEMENT AND **VOIDED CHECK TO:** 

Beverly Fuerst Van Wert County Treasurer 121 E Main St. Van Wert, OH 45891

## **OFFICE USE ONLY:**

Prenote	
Template	_
Database	
Address Screen	