

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 hereby authorize the Van Wert County Treasurer and the financial institution named above to initiate entries to my checking/savings account. This authority will remain in effect until I notify the Treasurer's Office in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

Signature

Date

PLEASE CHOOSE ONE WITHDRAWAL OPTION:

- () Annual tax amount paid in February
() Semi-annual tax amount paid in February and July
() Monthly amount

Taxes are due the 2nd Wednesday
in February and July

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

John & Jan Doe
123 Main St
Van Wert OH 45891

Pay to the
Order of _____

20 _____ Dollars

USA Bank
Anywhere, USA

FOR _____

123456789 1002003004897 0426

Routing No. _____ Checking Acct No _____

VOID

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 _____