

**Kimberley S. Foreman**  
*Sandusky County Treasurer*

<b>OFFICE USE ONLY</b>
Start Date _____



**Authorization Agreement for Automatic Payments**  
**Contract Parcels**

I hereby authorize Sandusky County Treasurer to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account listed below.

Parcel Number \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle one: Delinquent Pmt Plan or Monthly Pmt Plan

Name of Financial Institution \_\_\_\_\_

Account holders name as it appears with the Financial Institution: \_\_\_\_\_

Routing number \_\_\_\_\_

Account number \_\_\_\_\_

Circle one Checking or Savings

Please attach a VOIDED check or copy of account ID card for the account listed above.

This authorization is to remain in full force and effective until Sandusky County Treasurer has received written notification from me of its termination in such time and in such manner as to afford Sandusky County Treasurer and the Financial Institution a reasonable opportunity to act on it.

Printed Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

If you should have 3 NSF at any time we will cancel further auto-deductions from your account and you will become responsible for paying your taxes by the required due date. You shall also be charged an NSF fee of \$5.00 per NSF. (NSF fee subject to change.)

I have received a copy of the Authorization Agreement for Automatic Payments – Contract Parcels: Important Information sheet.

Initial & Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>
Date added to MVP _____
Date added to 5/3 _____
NSF date (s) _____
_____
Cancellation date _____
Start-up letter sent: _____