Kimberley S. Foreman

## **OFFICE USE ONLY**

Start Date

**Sandusky County Treasurer**

## Authorization Agreement for Automatic Payments

***Escrow 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: Monthly / Semi-annual / Annual

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

## **OFFICE USE ONLY**

Account #

Date escrow set-up

Date added to excel

Date added to 5/3

NSF date (s)

Cancellation date

Start-up letter sent:

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.)