AUTO-PAY ENROLLMENT FORM

(Please Print or Type)

Parcel Number

Daytime Phone Number

Name as shown on bill

Mailing Address

City, State, Zip

Property Address (if different than mailing address)

Checking Account Number (see example below)

Routing Number (see example below)

Savings Account Number (do not attach voided check below)

Phone number of Financial Institution

Name of Financial Institution

Address of Financial Institution

I hereby authorize the Allen County Treasurer and the financial institution named above to initiate entries to my bank account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged.

(Signature)

(Date)

☐ February & July Half Tax (Plan 3035) (Q)

Taxes are normally due the third Friday in February and the second Friday in July.

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

John & Jane Doe
123 Anywhere St
Lima, OH 11111

0426

6-7057
2410

20

Pay to the Order of

$

Dollars

USA Bank
Anywhere, USA

FOR

123456789 1002003004897 0426

Routing No

Checking Acct No

RETURN SIGNED AGREEMENT AND VOIDED CHECK TO:

Allen County Treasurer
PO Box 123
Lima OH 45802-0123