TEPP-AUTO PAY ENROLLMENT FORM

(Please Print or Type)

ONLY COMPLETE THIS FORM IF YOU WANT THE MONTHLY PAYMENT TAKEN FROM YOUR ACCOUNT AUTOMATICALLY.

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 checking 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)

Monthly – The exact amount stated on the coupon will be deducted from your account in September, October, November, December and February for 1st-Half Taxes **AND** March, April, May, June and July for 2nd-Half Taxes.

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

John & Jane Doe
123 Anywhere St
Lima, OH 11111

0426

6-7057
2410

VOID

_____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