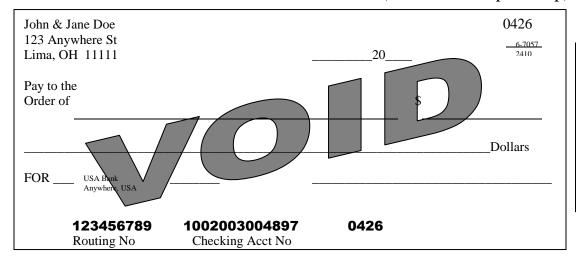
TEPP-AUTO PAY ENROLLMENT FORM

(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 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
Monthly – The estimated amount on your letter 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)



RETURN SIGNED
AGREEMENT AND
VOIDED CHECK TO:
Allen County Treasurer
PO Box 123
Lima OH 45802-0123