

**For Treasurer Office Use:**

Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

System Coded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RHONDA K. STAFFORD**

**LOGAN COUNTY TREASURER**

100 S Main St, Suite 104

Bellefontaine OH 43311

**AUTOMATIC WITHDRAWAL AGREEMENT – Monthly, Semi-annual or Annual ACH Property Tax Payments**

By signing this agreement, Taxpayer hereby authorizes Logan County Treasurer to initiate automatic ACH payment of the real estate (RE) / manufactured home (MH) taxes by debiting the bank account listed below.

Taxpayer NEED NOT request ACH withdrawal each year, as this agreement is perpetual. The Treasurer will continue to deduct the (monthly), half year (semi-annual) or full year (annual) amounts due from the bank account on the tax due dates until the Treasurer has received written notice either changing bank accounts or terminating the ACH Agreement with at least five (5) business days advance notice. In the event the ACH payment is not honored by the financial institution, the appropriate bank fees, late charges, and interest will be assessed and this contract may terminate at Treasurer’s discretion. NOTE: Application and voided check must be received in Treasurer's office at least five (5) business days before the tax due date to be processed for the current tax period.

**Check or initial one option**:

**Monthly**   **Semi-Annual** **Annual**

**ACH Payee Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parcel number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parcel number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parcel number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State & Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parcel number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parcel number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Day Evening Parcel number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank Account Information Please attach a voided check, direct deposit form or certified bank letter**

**Check one** savings account checking account

I hereby authorize the Logan County Treasurer to automatically withdraw tax payments from my account consistent with this Agreement. I accept responsibility for all information provided above and understand if the ACH debit is rejected because of incorrect information, insufficient funds, account closure or changes, then bank fees, penalties and/or interest may accrue. I have read and agree to the terms listed above.

**Taxpayer Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return completed form and a voided check or bank letter to Treasurer’s office at address above**.