

AUTHORIZATION FOR MONTHLY AUTOMATIC WITHDRAWALS

Name: _____

Property Address: _____

City/Zip: _____ Daytime phone #: _____

Parcel # _____ Parcel # _____

Please deduct my payment from my account as follows:

Financial Institution: _____ Routing Number: _____

Type of Account: Checking Savings Account # _____

I hereby authorize the Putnam County Treasurer and the financial institution named above to deduct my monthly tax payment in the amount of \$ _____ from my checking/savings account. This authority will remain in effect until I notify the Treasurer's Office of any changes or to cancel.

*****Any returned ACH payment will be subject to a \$20.00 fee*****

SIGNATURE: _____ DATE: _____

*****Taxes will be withdrawn on the 15th of every month*****

NOTE: Please attach voided check here: (do not send deposit slip)

Return signed agreement and voided check to:

Putnam County Treasurer
245 E. Main St.
Ottawa, OH 45875
(419) 523-6588

OFFICE USE ONLY:

Prenote _____
Spreadsheet _____
Letter _____
Add 97 _____
Add 100 (SA) _____
Add ACH Print Code A _____