

**AUTHORIZATION FOR SEMI-ANNUAL AUTOMATIC WITHDRAWALS**

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Daytime phone #: \_\_\_\_\_

Parcel # \_\_\_\_\_ Parcel # \_\_\_\_\_

Parcel # \_\_\_\_\_ Parcel # \_\_\_\_\_

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 semi-annual tax payment 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**\*\*\*Taxes will be withdrawn in February and July each year\*\*\***

---

**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 405 \_\_\_\_\_  
Add 100 (SA) \_\_\_\_\_