Muskingum County Treasurer 401 Main Street, Zanesville, Ohio 43701

Todd A. Hixson Phone: (740) 455-7118

Email: Treasurer@muskingumcounty.org Fax: (740) 455-7908

**ACH AUTHORIZATION AGREEMENT FOR PAYMENTS**

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

 (PLEASE PRINT)

Parcel Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I (we) hereby authorize the Muskingum County Treasurer, Todd A. Hixson, to initiate automatic payment of my (our) real estate taxes by debiting my bank account as indicated below. The taxes will be deducted from my account as provided in this agreement.

Depository Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking: \_\_\_\_\_\_ Savings: \_\_\_\_\_\_\_

Banking Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authority will remain in full force and effect until the Muskingum County Treasurer receives written notification from me (us) terminating this agreement. Notification must be received 14 days prior to the withdrawal to ensure that the Muskingum County Treasurer’s Office has sufficient time to process this request.

If the withdrawal is unsuccessful (i.e. denied due to insufficient funds), the Muskingum County Treasurer’s Office will attempt to bring this matter to the taxpayer’s attention. Subsequent payment of the taxes remains the responsibility of the taxpayer as set forth in this agreement.

Payments are to be withdrawn as indicated below:

\_\_\_\_\_\_\_\_\_Semi-annually with two payments (one payment in February, one payment in June)**\***

\_\_\_\_\_\_\_\_\_Annually with one payment (February)**\***

**\***Payments will be debited five days prior to the due date.

This program is in compliance with ORC 321.45.

SIGNATURE OF THE ACCOUNT HOLDER AUTHORIZING THESE TRANACTIONS:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Please attach a voided check to this authorization\*\*\***