



MICHAEL RINGLE
DELAWARE COUNTY TREASURER

Authorization Agreement for Automatic Withdrawals

I (We) hereby authorize the Delaware County Treasurer ("Treasurer") to initiate debit entries to my (our) account indicated below and the depository ("Financial Institution") named below and to debit the same to such account on a monthly basis for the payment of Delaware County real estate taxes. The date of month for debit entries is set out below. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Name of Financial Institution _____

Transit/ABA# _____ Account # _____

Type of Account: _____ Checking _____ Savings Start Date _____ Ending Date _____

Recurring Date Each Month for Debit Entry (the 1st or 15th of each month) _____

This authority is to remain in full force and effect until **Treasurer** has received **written notification** from me (or either of us) of its termination in such time and in such manner as to afford **Treasurer** and **Financial Institution** a reasonable opportunity to act on it, or until the underlying escrow account has been terminated per the terms of the Monthly Escrow Plan agreement.

Signature _____ Signature _____

Date _____

Please Attach a Copy of a Voided Check to This Form.