

For Office Use Only: Completed By: _____ Date: _____

Escrow # _____



Monthly Escrow Agreement

The taxpayer identified below hereby requests that the Delaware County Treasurer (Treasurer) accept payments towards taxpayer's estimated real estate taxes, to retain the payments in an escrow account until the next current tax collection, and to apply the escrowed funds to the current taxes then due on the parcel(s) listed below.

The Treasurer agrees to retain the payments in an escrow account, apply the payments before the end of the current collection period, and mail the taxpayer a copy of the account showing the balance due at least 20 days before the closing date of collection.

The taxpayer understands that if a stamped "paid" receipt is requested, a self-addressed stamped envelope must be mailed with the tax payment.

Taxpayer understands that if this agreement pertains to more than one (1) parcel of real estate and if there are not sufficient funds at the time of the closing of the collection period to make a full payment on all parcels, payments will be applied in consecutive order with the largest balance being paid first. Further, taxpayer understands that if there is a balance owed after the close of the current half tax collection, the taxpayer is aware that a penalty will be assessed against the balance.

Funds received in the escrow account will not be released for any purpose other than the payment of real estate taxes, except for reasons pertaining to transfer of property ownership, death of property owner, or as required by law. For the purpose of this agreement, the Delaware County Auditor's Conveyance of Real Property Transfer Record shall control in matters of ownership and transfer. In all other matters, Section 321.45 of the Ohio Revised Code shall apply.

Funds remaining in an escrow account after the payment of real estate taxes will remain in the account and be applied towards future real estate taxes or be returned to the taxpayer upon written request made to the Treasurer. The written request to refund excess funds will automatically terminate the existing agreement.

Signature of Taxpayer

Date

Name of Taxpayer

Daytime Phone

Email

Mailing Address

City

State

Zip

Parcel Number

Parcel Add. or Road Name (if different)

Requests Coupons with Suggested Monthly Payment: ☐ Yes ☐ No

Mail to: Delaware County Treasurer's Office, 145 N. Union Street, Delaware, OH 43015
Or Email: treasurer@co.delaware.oh.us

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Authorization Agreement for Monthly Automatic Withdrawal

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 _____

Routing/ABA# _____ Account # _____

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

Recurring Date Each Month for Debit: _____ 1st _____ 15th

****Please include a voided check***

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.