



Semi-Annual ACH

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Authorization Agreement for Preauthorized Payments

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 semi-annual basis for the payment of Delaware County real estate taxes. The date of the 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 _____

Amount of Debit to be the current amount due for corresponding half.

Date of Debit Entry: **February 1 and July 1.**

****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.

Signature of Taxpayer

Date

Name of Taxpayer

Daytime Phone

Email

Mailing Address

City State Zip

Parcel Number

Parcel Add. or Road Name (if different)

Treasurer or Deputy

Date

Mail to: Delaware County Treasurer's Office, 145 N. Union Street, Delaware, OH 43015
or

Email: treasurer@co.delaware.oh.us