

## Semi-Annual ACH

## Semi-Annual ACH

## **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	nstitution	***************************************			
Transit/ABA#		Ac	Account #		
Type of Account	Checking	Savings	Start date	Ending	g date
Amount of Debit to	be the curren	t amount due	e for correspondir	ng half.	
Date of Debit Entry	r: <b>February 1</b> , a	nd <b>July 1</b> .			
This authority is to me (or either of us Financial Institutio	) of its termina	tion in such t	ime and in such n		
Signature of Taxpayer				Date	
Name of Taxpayer		Day	time Phone	Email	
Mailing Address				City	State Zip
Parcel Number				Parcel Add. or Road Name	
Treasurer or Deputy				Date	