



Treasurer of Ross County, Ohio

DAVID JEFFERS

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DIRECT PAYMENT CHANGE FORM

For Automatic Payment by Debiting Bank Account

To make changes to your EXISTING Direct Payment authorization, please complete this form and return to us.
PLEASE PRINT CLEARLY

Name of Taxpayer

Daytime Phone

e-mail or other phone

Mailing Address

City

State

Zip

Financial Institution Account Information to be UPDATED

Type of account:

- Checking Savings

I want my payments deducted: (Check only ONE)

- Semi-Annually on the 1st and 2nd half year real estate tax due dates
 Annually on the 1st half year real estate tax due date
 Monthly on the 7th of each month (Must be enrolled in Budget Pay or SMART Payments plan)

PLEASE ATTACH A VOIDED CHECK HERE. DO NOT ATTACH DEPOSIT SLIP. COMPLETE THE INFORMATION BELOW FOR SAVINGS ACCOUNTS ONLY.

Financial Institution Name _____

Account Number at Financial Institution _____

Financial Institution Routing Number _____

Financial Institution City and State _____

Parcels to be updated:

Parcel / Account number

Parcel or Account Address

Parcel / Account number

Parcel or Account Address

Parcel / Account number

Parcel or Account Address

Parcel / Account number Parcel or Account Address

SEE REVERSE TO ADD **NEW** PARCELS TO YOUR EXISTING AUTHORIZATION

DIRECT PAYMENT CHANGE FORM (continued)

Property Taxes You Want to ADD to your existing authorization.

For REAL ESTATE use PARCEL NUMBER, for MANUFACTURED HOME use ACCOUNT NUMBER.

Parcel / Account number Parcel or Account Address

Parcel / Account number Parcel or Account Address

Parcel / Account number Parcel or Account Address

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I authorize the Ross County Treasurer to initiate electronic debit entries to my account as indicated on this form for the purpose of payment of my taxes. I acknowledge that the origination of these ACH transactions to my account must comply with the provisions of U.S. law.

This authority will remain in effect until the Ross County Treasurer has received **written notification** from me of its termination at least **10 days** before the next scheduled payment. I understand that I must notify the Ross County Treasurer's office if I change the bank account, close the account or otherwise change the information on this form. I accept responsibility for the accuracy of all information that I have provided on this form and understand that the rejection of the debit transaction because of incorrect information may result in the accrual of fees, penalty and/or interest.

Signature of Taxpayer

Date

Signature of Deputy

Date