

# Wayne County Treasurer

## Melissa A. Koch

### Authorization Agreement for Direct Deposit

Name: \_\_\_\_\_ Parcel Number(s): \_\_\_\_\_

We do hereby authorize **Wayne County Treasurer, Melissa A. Koch**, to initiate debit entries from the account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. We acknowledge that the origination of ACH transactions to this account must comply with the provisions of U.S. law and the NACHA rules.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking Account

Savings Account

**\*\* Please attach a Voided Check or Savings Deposit/Withdrawal Ticket from the above account to ensure accuracy. The Agreement will not be accepted without this attachment.**

I (We) want to make ten (10) monthly payments on the 15<sup>th</sup> of the month.

This authorization is to remain in full force and effect until termination by either party. A received written notification of termination must be presented in such time and in such manner as to afford The Treasurer and DEPOSITORY a reasonable opportunity to act on it. **The Taxpayer is responsible to pay any unpaid tax remaining by due date to avoid penalty or interest.**

**A \$15 .00 charge will apply to NSF funds. If the account shows insufficient funds and the payment is not made by the due date, a penalty will be added to the current half taxes due. The Treasurer has the right to revoke this agreement, at any time, due to insufficient funds.**

Please provide a signature of the account holder authorizing these transactions.

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions please call : (330) 287-5450