



CITY OF ENGLEWOOD

Income Tax Department

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DIRECT PAYMENT AUTHORIZATION FOR PAYMENT PLANS

This agreement authorizes the City of Englewood (City) to withdraw from the account designated below the amount of \$_____ on the 25th of each month starting on _____ (month and year) for tax years _____.

I authorize both debit and credit entries, in the case of error, to my account.

I understand that if I close my account or make changes to my account status without notifying the City in writing, no later than (5) five days before the payment will be withdrawn that I will be charged a \$35 fee for this inconvenience.

I also understand that I will be charged a \$35 fee if my bank rejects the withdraw due to insufficient funds.

This authority is to remain in full force and effect until the City has received written notification from me of its termination in such time and in such manner as to afford the City and my depository a reasonable opportunity to act on it.

NAME OF BANK : _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

I agree to the terms set forth in this authorization and have verified the information used to complete this form.

Taxpayer's Signature: _____

Taxpayer Print Name _____

Taxpayer Contact Phone Number _____ Date _____