

**Megan R. Bursley**  
**Huron County Treasurer**

16 East Main Street  
Norwalk, Ohio 44857  
Phone (419) 668-2090  
Fax (419) 668-4245  
Email [treasurer@huroncountytreasurer.org](mailto:treasurer@huroncountytreasurer.org)

**For Treasurer Office Use:**

Date Entered: \_\_\_\_\_

System Coded: \_\_\_\_\_

**AUTOMATIC WITHDRAWAL AGREEMENT**

**Monthly, Semi-annual or Annual ACH Property Tax Payments**

I (we) do hereby authorize the Huron County Treasurer, 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. I (we) acknowledge that the origination of ACH transactions to this account must comply with the provisions of U.S. Law and the NACHA rule.

Taxpayers NEED NOT request ACH withdrawal each year, as this agreement is perpetual. The Treasurer will continue to deduct the (monthly), half year (semi-annual) or full year (annual) amounts due from the bank account on the date stated below until the Treasurer has received written notice either changing bank accounts or terminating the ACH Agreement with at least five (5) business-day advance notice. In the event the ACH payment is not honored by the financial institution, the appropriate bank fees, late charges, and interest will be assessed and this contract may terminate at Treasurer's discretion.

**Check one option:**

☐

**Monthly payments debited  
on the 28<sup>th</sup> of each month.**

☐

**Semi-Annual payments  
debited on Monday  
before tax due date.**

☐

**Annual payments  
debited on the 5th  
day of February  
which taxes are due.**

<b>ACH Payee Information</b>	<b>Parcel Number(s)</b>
<b>Name:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone:</b>	
<b>Email:</b>	

Revised 09/2025

**NOTE: Application and voided check must be received in Treasurer's office at least five (5) business days before the tax due date to be processed for the current tax period.**

### Bank Account Information

Check one:

savings account

☐

checking account

☐

Depository Information	
Depository Name:	
Address:	
City, State, Zip:	
Routing Number:	
Account Number:	

*\*\*Please attach a voided check or bank letter from the above account to ensure accuracy. This agreement will not be accepted without this attachment.*

I hereby authorize the Huron County Treasurer to automatically withdraw tax payments from my account consistent with this Agreement. I accept responsibility for all information provided above and understand if the ACH debit is rejected because of incorrect information, insufficient funds, account closure or changes, then bank fees, penalties and/or interest may accrue. I have read and agree to the terms listed above.

Taxpayer Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return completed form and a voided check or bank letter to Treasurer's office at address above.**

Revised 09/2025

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