



Char Lee
Fulton County Treasurer
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Deputies:
Dana Sauveur
Eva Sandoval
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Dear Taxpayer,

Thank you for your inquiry into the Fulton County Treasurer's ACH Direct Debit payment plan. This plan is devised to assist you in paying your property taxes in a timely manner.

The ACH Direct Debit Program allows taxpayers to divide their semi-annual tax bill into six easy-to-manage, monthly payments. Five of these payments will be made ahead of time, using the ACH Direct Debit payment. The sixth and final payment would be made when you pay your regular semi-annual tax bill. Because there are two semi-annual tax bills, there are two cycles of payments per year. Please refer to the table below.

First Cycle - six payments:

August
September
October
November
December
January - tax bill

Second Cycle - six payments:

February
March
April
May
June
July - tax bill

First cycle: These payments are based on your taxes from the previous year. Any changes resulting from tax rates/valuations/levies/etc. will be reflected in the tax bill mailed at the end of December. As a result your January payment may differ from the regular monthly payments.

Second cycle: These payments will be adjusted to reflect the December certified tax amounts. Your July tax bill will be the balance, if any, of your second half tax.

Eligibility: Taxpayers wishing to enroll in this program must be current with their taxes. Taxpayers with delinquencies, whether they are on payment plans or otherwise, are not eligible.

If you have any questions, please feel free to contact us. We look forward to working with you on this new payment plan.

FULTON COUNTY TREASURER AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

Name(s) _____

Parcel number (s): _____

I (we) do hereby authorize the Fulton County Treasurer, Char Lee, 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 rules.

Depository name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account number _____

Select One: _____ Checking _____ Savings

****Please attached a voided check or savings /deposit withdrawal slip from the above account to ensure accuracy. This agreement will not be accepted without this attachment.**

_____ I (we) authorize 10 (ten) monthly payments to be debited on the 5th of each month. (Exclusion months are January and July in which payment will be made by tax bill if necessary).

This authorization is to remain in full force and effect until termination by either party. A received written notification of termination must be presented 15 days prior to allow the Treasurer and the Depository sufficient time to cancel the ACH debit.

- **The taxpayer is responsible to pay any unpaid tax remaining by the due date to avoid penalty or interest charges.**
- **A \$17.00 fee will be charged if the payment is returned as insufficient funds. If the payment is returned insufficient following the due date, a penalty will be assessed to the current half taxes due. The Treasurer retains the right to revoke this agreement, at any time, due to insufficient funds.**

Signature of the account holder authorizing these transactions.

Signature _____ Printed name _____

Address _____

Phone _____ Email _____ Date _____