



**ACH DEBIT
AUTHORIZATION AGREEMENT**

Must be submitted to the Division of Taxation in advance of Payment

I (we) hereby authorize CITY OF PICKERINGTON, DIVISION OF TAXATION to deduct tax payments from my (our) CHECKING ACCOUNT:

_____, _____
(BANK TRANSIT/ABA NUMBER) (9 DIGITS) (ACCOUNT NUMBER)

At the _____ branch of _____
(BRANCH LOCATION)

_____ in _____.
(FINANCIAL INSTITUTION) (CITY) (STATE)

Taxpayer Account Name: _____

Federal ID/Social Security Number: _____

Pickerington Account Number: _____

Address: _____

Contact Phone #: _____ Alternate Phone #: _____

E-Mail: _____

I hereby authorize the City of Pickerington and the Financial Institution involved in the processing of my payments to receive confidential information necessary to effect payment of city taxes, answer inquiries and resolve issues related to enrollment and payments. If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify I have the authority to execute this authorization on behalf of the taxpayer. This authorization is to remain in full force until the City of Pickerington Division of Taxation has received written notification from me of termination in such time as to afford a reasonable opportunity to act upon it. Written Notification must be sent to the Division of Taxation at 100 Lockville Rd Pickerington, OH.43147 I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

(TAXPAYER SIGNATURE)

(DATE)

(PRINTED NAME)

(TITLE, if Applicable)

**CITY OF PICKERINGTON, DIVISION OF TAXATION
100 LOCKVILLE RD
PICKERINGTON, OH 43147
PHONE: (614) 837-4116 FAX: (614) 833-2201**