



Cuyahoga County Treasury

DELINQUENT TAX PAYMENT AGREEMENT

AUTOMATIC WITHDRAWAL ACCOUNT CHANGE:

PERMANENT PARCEL NUMBER: _____

PARCEL ADDRESS: _____

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER(S): _____ E-MAIL: _____

TYPE OF ACCOUNT: CHECKING SAVINGS

BANK NAME: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

I authorize the Cuyahoga County Treasurer to instruct my financial institution to make my tax payments from the account listed above. I understand that I must notify the Cuyahoga County Treasurer in writing, 10 business days before the scheduled debit, regarding any changes to my account.

Signature: _____ Date: _____