

Escrow Agreement & Monthly Autopay Authorization

Name: _____

Property Address: _____

Parcel Number: _____

Note: A separate form is needed for each property.

Phone Number: _____ Email: _____

Escrow Agreement (Section 1 of 2):

I hereby request the Butler County Treasurer to accept prepayments toward my taxes. These prepayments are to be retained in an escrow account held by the County Treasurer until the current taxes become due. All monies collected are to be applied toward current taxes only.

I understand the prepayments made must be equal to or exceed the amount of current taxes due on or before the due date to participate in the Escrow Program. I also understand that if the County Treasurer has not received the full amount of current taxes by the due date, any late payment penalty or interest due will be applied to the unpaid balance and this agreement will be null and void.

I authorize the County Treasurer to act as my agent for the purpose of applying prepayments to current taxes then due. Excesses remaining in an escrow account after payment of current taxes will remain in the escrow account to be applied toward future taxes, any unpaid delinquent taxes if applicable, or returned to me upon application to the County Treasurer.

This program is in compliance with section 321.45 of the Ohio Revised Code.

Print Name: _____

Signature: _____

Date: _____

Please Note: Sections 1 and 2 (front and back) must both be signed.

Autopay Authorization (Section 2 of 2):

Bank Name: _____

Type of Account: _____ Checking _____ Savings

Routing Number: _____

Account Number: _____

Please Attach Voided Check or Deposit Slip Here

In place of a voided check or deposit slip, you may provide a statement from your bank on their letterhead indicating the account holder's name, routing number, account number, and type of account (checking or savings).

This request will not be in effect without a voided check or deposit slip, or a letter from your bank.

I hereby authorize the Butler County Treasurer's Office to initiate debit entries (and appropriate credit entries) to my account indicated above.

The first five debits of the cycle will occur on the 15th of each month. The sixth debit for the cycle will occur on the due date reflected on the semi-annual tax bill.

This authorization will be in effect until the Butler County Treasurer's Office receives a written termination notice.

I understand that changes must be received at least five days before the next scheduled debit. Any changes after that will not be effective until the following month.

Print Name: _____

Signature: _____

Date: _____

Please Note: Sections 1 and 2 (front and back) must both be signed.