



# Direct Payment

We are pleased to be able to offer you a new service - *Direct Payment*. Now you can have your payment made automatically from your checking or savings account. *And you don't have to change your present banking relationship to take advantage of this service.*

The *Direct Payment Plan* will help you in many ways.

- ✓ It saves time-fewer check to write.
- ✓ Helps meet your commitment in a convenient and timely manner-even if you're on vacation or out of town.
- ✓ No lost or misplaced statements, your payment is always on time.
- ✓ It saves postage.
- ✓ It's easy to sign up for, easy to cancel

**Here's how *Direct Payment Plan* works:**

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. Your proof of payment will appear with your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date.

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

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Please fill out completely, cut along line, and return to the Hendricks County Treasurer  
355 South Washington Street #215, Danville, IN 46122

Staple Voided Check Here →	I authorize Hendricks County Treasurer to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. The ACH will be initiated the day following a legal holiday. I understand the tax statement may reflect a balance due which will be payable upon receipt.	
	<input type="checkbox"/> checking account	<input type="checkbox"/> savings account
	Amount: _____	
	Date to be Initiated 15 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> <input type="checkbox"/>	
	_____ Financial Institution	
	_____ Name (Please Print)	
	_____ City	_____ State
	_____ Account Number at Financial Institution	
_____ Signature		
_____ Financial Institution Routing Number		
Phone Number: _____		
<u>Parcel Number to Apply the ACH Payment:</u> _____		
Email Address: _____		
----- <b>RETAIN FOR YOUR RECORDS</b>		
On _____, I authorized the Hendricks County Treasurer to initiate electronic entries to my checking/savings account in the amount of \$_____ and have agreed to the terms listed in the authorization. I may revoke my authorization with you at any time by writing to the address above. I understand the Hendricks County Treasurer must receive written revocation at least 3 business days prior to the electronic payment in order for the electronic payment to be stopped.		