PPD RECURRING DEBITS AUTHORIZATION

NAME: _____

CONTACT #: _____

WITHDRAWAL START DATE: _____ {5th, 15th, or 30th of the month}

WITHDRAWAL AMOUNT: $_____

TYPE OF TAXES AMOUNT TO REMOVED FOR:

(PLEASE SELECT ALL THAT APPLY)

_____   Personal Property   Account # _____

_____   Real Estate   Account # _____

_____   Both

I (we) hereby authorize Russell County Treasurer's Office hereinafter called the COMPANY, to initiate debit entries to my (our)

(PLEASE SELECT ONE)

_____ Checking   _____ Savings Account

indicated below at the depositor financial institution named below, hereafter called DEPOSITORY, and to debit or credit the same to such account.   If this item is returned unpaid, I authorize an additional returned check fee of the maximum account as allowed by the state to be charged to this account.

Depository Name: _____

Routing Number: _____   Account Number: _____

      Same amount to be debited each billing period $_____

      Or, I approve varying amounts between a range of $_____ and $_____

Number of Payments_____, or indefinitely (check here) _____

Frequency of Payments: **(PLEASE SELECT ONE)**   _____ Monthly _____Weekly

This authorization is to remain in full force and effect for the number of payments authorized above or until the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____   ID# _____   Date:_____

Signature: _____

Please attach a voided check to this authorization.