



Account Change Authorization Form: Delinquent Tax

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|------------------------|--|
| Parcel Number: | |
| Parcel Address: | |

Taxpayer Information (Please Print)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Account Information

Financial Institution: _____

Type of Account: Checking Savings

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 days before the scheduled debit, regarding any changes to my account.

Signature: _____ Date: _____