



Account Change Authorization Form: Easy Pay/Prepay

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: \_\_\_\_\_