

AUTOMATIC TAX PAYMENT AUTHORIZATION

Using the following instructions, please fill out the information form at the bottom of the page in order to begin pre-authorized payments. The completed WHITE copy along with a voided check (if using a checking account) or a deposit slip (if using a savings account) may be returned or mailed to:

**Rock Island County
Treasurer's Office
1504 Third Avenue
Rock Island, IL 61201**

If you need assistance or have any questions, please contact the Treasurer's Office at 558-3510, Monday through Friday between 8:00 a.m. and 4:30 p.m.

01. COMPANY NAME: Rock Island County Treasurer
02. PIN NUMBER: (This 10 digit number can be found on your County Tax Statement).
03. I HEREBY AUTHORIZE: Rock Island County Treasurer, Louisa Ewert.
04. DEPOSITORY NAME: The name of the bank that holds your checking and/or savings account.
05. ADDRESS: The address of your bank.
06. CITY: The city where your bank is located.
07. STATE: The state where your bank is located.
08. ZIP: The zip code of your bank.
09. TRANSIT/ABA NO.: This is a nine digit number located at the bottom of your check or can be obtain from your bank.
10. ACCOUNT NUMBER: Your bank account number (can be a checking or savings account).
11. NAMES: The name or names that appear on your bank account.
12. TELEPHONE NUMBER: Your daytime phone number.
13. DATE/SIGNED: Please date and sign the form.

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Not intended for Financial/Mortgage Companies use for escrowed accounts

COMPANY NAME Rock Island County Collector PIN NUMBER _____

I (we) hereby authorize Rock Island County Collector, hereinafter called COMPANY, to initiate debit/credit entries to my (our) Checking/Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit/credit the same to such account.

DEPOSITORY NAME _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. -- ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____ (PLEASE PRINT) NAME _____ (PLEASE PRINT)
 TELEPHONE _____ DATE _____
 SIGNED X _____ SIGNED X _____

NAME

PIN NUMBER

DATE INITIATED

DATE TERMINATED