

**ACH ELECTRONIC FUNDS TRANSFER REGISTRATION FORM – PAYMENT PLANS**

New \_\_\_\_\_ Change Account \_\_\_\_\_ Change Banking Institution \_\_\_\_\_ Discontinue \_\_\_\_\_

Taxpayer Information: Monthly Withdrawl \$ \_\_\_\_\_ Approval \_\_\_\_\_

Primary Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Joint Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code +4: \_\_\_\_\_

Contact Phone # (including area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Bank Information – AN ORIGINAL VOIDED CHECK MUST BE ATTACHED**

Financial Institution: \_\_\_\_\_ Checking  or Savings

Account listed in the name(s) of:

\_\_\_\_\_ Routing #: \_\_\_\_\_

\_\_\_\_\_ Account #: \_\_\_\_\_

Contact Phone # (if different then above): \_\_\_\_\_

I/we authorize the City of Warren Income Tax Department to instruct my/our banking institution to deduct via an ACH electronic fund transfer the predetermined payment plan amount for income tax due from my/our listed account. I/we understand that my/our account will be debited on the 20th of each month for the duration of the payment plan. In the event that the 20<sup>th</sup> falls on a weekend or holiday, I/we understand that the transfer will be done the next business day. I/we understand that an ACH electronic fund transfer returned unpaid is considered Non-Sufficient Funds (NSF) and will be assessed a \$25 fee. I/we understand if at any time I/we need to make changes to the Automatic Payment Plan, I/we will notify the City of Warren via form ACH – Change or telephone (330-841-2628) a minimum of five (5) days prior to the next scheduled funds transfer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or fax completed form to: Warren Income Tax Department Fax: 330-841-2626  
P.O. Box 230, Warren, Ohio 44482