

**CITY OF WILLARD, OHIO  
INCOME TAX DEPARTMENT**

**APPLICATION FOR AUTOMATIC PAYMENT PROGRAM**

**INSTRUCTIONS:**

Please complete and return this form (along with a voided check or deposit slip) to City of Willard Income Tax Department, 631 Myrtle Ave., PO Box 367, Willard, OH 44890.

**AUTHORIZATION:**

*I authorize the City of Willard to instruct my bank/savings institution to make my income tax payments from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue the payment service, I will notify the City of Willard in writing within 10 business days of the scheduled withdrawal.*

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date

**TAXPAYER INFORMATION:**

Taxpayer Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

\_\_\_\_\_

**REQUIRED BANKING INFORMATION:**

Bank Name: \_\_\_\_\_

Bank Routing (ABA ) Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking or  Savings