

Stephenson County Treasurer

Adrienne Becker

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Freeport, IL 61032

Phone: 815-235-8264 ~ Fax: 815-235-8378

ACH (Automatic Clearing House) Tax Payment Application

Complete the following information: (please print)

Owner(s) Name(s): _____ Email Address: _____

Parcel Number: _____ (for multiple parcels use bottom of page)

Mailing address: _____

City: _____ State: _____ Zip: _____ Daytime Phone: _____

INSTALLMENT: _____ FIRST _____ SECOND ~~~ TOTAL AMOUNT: _____

Financial Institution Name: _____ Savings: _____ Checking: _____

Routing Number: _____ Account Number: _____

Signature Authorizing Withdrawal: _____

***Please enclose a voided check or deposit slip**

***Rejected ACH's for Insufficient Funds will be subject to a \$25 processing fee**

Installments will be due approximately July & September of each year. This program will not automatically renew each year.

Under penalties of perjury, I state that to the best of my knowledge, the information in this agreement is true, correct and complete.

_____/_____/_____
Signature of Applicant Month Day Year

*Multiple parcels: _____

