

# 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. TAXPAYER NUMBER: 99-123-45-67 (This can be found on your County Tax Statement).
03. I HEREBY AUTHORIZE: Rock Island County Treasurer, Louise A. Kerr
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

COMPANY	TAXPAYER
NAME <u><b>Rock Island County Collector</b></u>	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	ADDRESS _____
NAME _____	
CITY _____	STATE _____ ZIP _____
TRANSIT/ABA NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	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 _____	NAME _____
(PLEASE PRINT)	(PLEASE PRINT)
TELEPHONE _____	DATE _____
SIGNED X _____	SIGNED X _____

NAME

ACCOUNT #

DATE INITIATED

DATE TERMINATED