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Authorization Agreement for Automatic Debits (ACH)

Company Name: Hays County Tax Office

ID #: 74-6002241

This agreement authorizes the **Hays County Tax Office** to initiate debit entries from my (select one) ___ **Checking** or ___ **Savings** account indicated below and the depository names below to debit the same to such account.

Depository Name: _____ **Branch:** _____

City: _____ **State:** _____ **Zip:** _____

Routing #: _____ **Account #:** _____

Monthly Amount: \$ _____ **Starting Date:** _____

All debits will occur on the 10th of every month.

Please initial one of the following:

- Delinquent Installment Agreement _____ Years _____
- Escrow _____

The authority is to remain in full force and effect until the Hays County Tax Office has received written notification from me of its termination in such time and in such manner as to afford the Hays County Tax Office and your bank a reasonable opportunity to act on it or the delinquent installment agreement has been satisfied.

Taxpayer Printed Name: _____

Phone Number: _____

Signature: _____ **Date:** _____

Property ID: _____

(Attach a voided check)

Clerk's Initials: _____