



TAYLOR SAPPINGTON - Athens County Treasurer
15 South Court Street • Room 334 • Athens, Ohio 45701-2891

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

Important Information: Escrow Plans

ACH Monthly Escrow: Choose an amount for our office to withdraw from a checking or savings account each month, either on the 1st or the 15th.

Please fill out the ***ACH MONTHLY ESCROW*** form included in this packet and return it to our office either by mail, email, or personally handing it in. Along with the form you will also need to return the ***signed Escrow Agreement***.

Please Note:

- It is the responsibility of the taxpayer to decide the amount they would like to prepay into their Escrow account. Our office can assist in making this determination upon request.
- Notify the Escrow Specialist of any and all changes you would like to make. Pay attention to increases in your annual tax amount(s) due every year as taxes do fluctuate from year to year. **Please notify the Escrow Specialist within 10 days of your monthly deduction.**
- Approximately 20 days before the tax due date, you will receive a bill reflecting a summary of where you are at with your taxes. This summary, found under "other credits" of your tax bill, will show you what funds you have remaining.

The balance due on your tax bill will only reflect payments made up to the time of printing. Your bill will not reflect payments withdrawn after that date, which may fall before Real Estate taxes are due

For further questions, please call our Escrow Specialist @ 740-592-3231

General Information 740-592-3231 • Email tsappington@athensoh.org

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ACH MONTHLY ESCROW

Thank you for your recent inquiry about our monthly escrow plan through automatic withdrawal out of your bank account (ACH) Automatic Clearing House.

PLEASE FILL OUT AND/OR INCLUDE THE FOLLOWING INFORMATION:

1.) Choose the date on which you would like your monthly payment to be withdrawn:

☐ 1st of the month

☐ 15th of the month

2.) Choose the month you wish to start your withdrawals:

☐ January

☐ February

☐ March

☐ April

☐ May

☐ June

☐ July

☐ August

☐ September

☐ October

☐ November

☐ December

3.) Choose the amount of your monthly payment:

\$ _____

4.) Please provide the following banking information you wish for us to deduct from:

Bank Name: _____

Routing #: _____

Account #: _____

☐ Checking

☐ Saving

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ESCROW PLAN AGREEMENT

The taxpayer hereby requests the Athens County Treasurer to accept prepayments towards his estimated real estate property taxes, next due after the date of signing this agreement, and that prepayment will be retained in an escrow account until the next current tax collection is open and all prepayments can be applied toward the payment of real estate property taxes then due.

The taxpayer understands that prepayments made must be equal to or exceed the full amount of taxes due for that installment or the monies will remain in the escrow account until after the close of the collection. The taxpayer also understands that if full payment has not been received, the taxes cannot be paid and the penalties will be applied on the basis of the tax installment then due.

The taxpayer authorizes the Athens County Treasurer to act as his agent for the purpose of receiving his tax bill(s), and applying prepayment to the real estate taxes then due.

The Treasurer agrees to retain all prepayments in an escrow account, receive and pay the bill(s) and keep a record of the account showing all prepayment, tax payments, and the balance in the escrow account. The Treasurer also agrees to furnish a tax bill, and a statement of the balance due at least 20 days prior to the closing date of the collection then in process.

Monies received as prepayments in the escrow account will not be released for other than the payment of taxes, except for the reasons pertaining to transfer of ownership, death of taxpayer, or as required by law. Excess remaining in an escrow account after payment of real estate taxes will (1) remain and be applied toward future taxes, or (2) be returned to the taxpayer upon application to the County Treasurer. The application for return of excess escrow funds will automatically terminate the existing agreement.

For the purpose of this agreement, the County Auditor's Conveyance of Real Property Transfer Record shall control in matters of ownership and transfer. In the event of death, a death certificate shall be required. In all other matters, Section 321.45 of the Ohio Revised Code shall apply.





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ESCROW PLAN AGREEMENT (continued)

By completing the information below, the taxpayer agrees to the terms of this prepayment contract.

Name: _____

Mailing Address: _____

Phone #: _____

Email Address: _____

Parcel ID(s): _____

Signature: _____ Date: _____

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