

# Stewart County Trustee

Estimated Monthly Payment Based on prior year taxes: \$ \_\_\_\_\_

Laura Crain  
Stewart County Trustee  
[lcrain@stewartcogov.com](mailto:lcrain@stewartcogov.com)

P.O. Box 618  
Dover, TN 37058  
Phone: 931-232-7026  
Fax: 931-232-6472

## Authorization Agreement for Direct Payments (ACH Debits) of COUNTY Property Taxes

<b>Name:</b> _____	<b>Phone/Cell:</b> _____	<b>Email:</b> _____
Map/Parcel Number _____	Original Receipt # _____	Property Address: _____
Map/Parcel Number _____	Original Receipt # _____	Property Address: _____
Map/Parcel Number _____	Original Receipt # _____	Property Address: _____
Map/Parcel Number _____	Original Receipt # _____	Property Address: _____
Map/Parcel Number _____	Original Receipt # _____	Property Address: _____

I (we) hereby authorize the STEWART COUNTY TRUSTEE, to initiate debit entries to my (our) account.

### Select one:

☐ Checking      ☐ Savings Account

Indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account in the amount of a monthly payment or the full amount due depending on the option selected below.

- ☐ Monthly Payment (5<sup>th</sup> day of month) Start Date: \_\_\_\_\_
- ☐ One Time Payment (Date payment to be made \_\_\_\_\_)

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law.

Depository Name: _____	Address: _____	City, Zip _____
Routing Number: _____	Account Number: _____	

\*\*\*\*\* PLEASE ATTACH A VOIDED CHECK \*\*\*\*\*

***It is your responsibility to notify the Stewart County Trustee of any changes to your bank, account number or sell of property***

This is to remain in full force and effect for this tax year and all future years until the Stewart County Trustee has received a WRITTEN notification from me (or either of us) of its termination in such a manner as to afford the Stewart County Trustee and the DEPOSITORY 10 business days to act upon it. I understand that this does not relieve me (or either of us) of any increases in taxes. I understand that the payments will be adjusted accordingly based on the amount owed without any notification other than this document. Payments for future tax years will be adjusted the months of November thru February.

Printed Name (s): \_\_\_\_\_ Date: \_\_\_\_\_ Signature (s): \_\_\_\_\_

**Note: Debit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization. Please mail/email or fax form to above address**