



Lindsay M. Webb

Lucas County Treasurer

One Government Center, Suite 500 · Toledo, OH 43604-2253

Lucas County Semi-Annual Deduction Agreement

Thank you for your inquiry regarding our Semi-Annual Deduction Program. This program is designed to allow taxpayers the ability to pay their property taxes in automatic semi-annual deductions from a checking or savings account. By completing this application, you are authorizing the Lucas County Treasurer to debit your semi-annual tax payments when they become due at the end of each collection cycle.

Semi-annual direct withdrawal from a checking or savings account will be debited from the specified account on the 21st of January and 21st of July. If the 21st falls on a holiday or weekend, the debit will occur on the following business day. A written notice will be mailed to the mailing address on record approximately three weeks prior to the withdrawal.

The Lucas County Treasurer’s Office requires the taxpayer to provide a voided check from the checking account to be debited, or a deposit slip from the savings account to be debited to ensure the accuracy of the agreement. Please make sure that the correct routing and account information is clear on the slip. Taxpayer understands that should there be insufficient funds for the account, the taxpayer will be charged a fee from our office as well as their own financial institution. Taxpayer will also be removed from the automatic deduction program. Penalties and interest will also be applied to the unpaid balance in accordance with the Ohio Revised Code.

This agreement will remain in effect on a semi-annual basis until the Treasurer is notified IN WRITING. It is the responsibility of the taxpayer to notify Treasurer’s Office of any changes (i.e., address change, account change, or sale of the property).

Please acknowledge that you understand and agree to the terms by checking the box:

The taxpayer understands that if payment has not been received by the semi-annual due date, the parcel will accrue penalty based on the outstanding balance.

****THIS AGREEMENT WILL NOT BE IN EFFECT WITHOUT A
VOIDED CHECK****

PLEASE ATTACH HERE

Please print name (Last, First)

Parcel Number(s)

Signature

Date

Mailing Address

Telephone Number

Email Address