

**Fairfield County Treasurer's Office**

*James N. Bahnsen, Treasurer*



***Monthly Escrow Plan Agreement For Payment of Real Estate Taxes***

The taxpayer hereby requests the Fairfield County Treasurer to accept prepayments toward his/her estimated real estate property taxes, next due after the date of signing this agreement, and that prepayments 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 collection. The taxpayer also understands that if full prepayment has not been received by the due date, the taxes cannot be paid and penalties will be applied on the basis of the tax installment then due. The taxpayer authorizes the Fairfield County Treasurer to act as his/her agent for the purposes of receiving his/her tax bill(s) and applying prepayments to the real estate taxes then due.

The Treasurer agrees to furnish a tax bill that shows the total amount of prepayments made and the balance due at least 20 days prior to the closing date of the collection then in progress. Monies received as prepayments in the escrow account will not be released for other than the payment of taxes, except for reasons pertaining to transfer of ownership, death of the taxpayer, or as required by law.

Excesses remaining in an escrow account after the payment of real estate taxes will (1) remain and be applied to future real estate taxes, or (2) be returned to the taxpayer upon application to the County Treasurer. The application for return of excess escrowed funds will automatically terminate the existing agreement.

Taxpayer understands that when paying by mail, the entire coupon must be sent along with a stamped, self-addressed envelope IF the taxpayer desires a receipt that is stamped "paid".

**This program is in compliance with ORC 321.45**

**Please print the information below:**

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Taxpayer(s) Name

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street Address

**Parcel Number(s):**

\_\_\_\_\_  
City State Zip

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\_\_\_\_\_  
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