

**AGREEMENT TO DISCONTINUE MONTHLY OR SEMI-ANNUAL
DEDUCTIONS**

I, _____ (printed name of taxpayer)
request that the Holmes County Treasurer stop all deductions currently being made from
my account. In signing this I, the taxpayer, understand that the payment of any unpaid
tax as well as payments for all future tax is my responsibility. I also understand that if I
choose to participate in this program once again, I must complete another application.

My parcel #(s) _____

Signature _____ Date _____

Phone number: _____

**NOTE: You may revoke this authorization at any time by mailing or faxing this
form, at least 7 days in advance, to the Holmes County Treasurer's Office.**

Mail
Holmes County Treasurer's Office
75 East Clinton St., Suite 105
Millersburg, OH 44654

or

FAX

(330) 674-5860