



# Treasurer of Ross County, Ohio

**DAVID JEFFERS**

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[www.rosscountyohio.gov/treasurer](http://www.rosscountyohio.gov/treasurer)

## **MONTHLY BUDGET PAY PLAN AUTHORIZATION** **Manufactured Home Taxes**

I hereby request that the Ross County Treasurer accept payments towards my estimated manufactured home taxes, to retain the payments in an escrow account until the next Current Tax Collection, and to apply the escrowed funds to the current taxes then due on the account(s) listed below.

The Treasurer agrees to retain the payments in an escrow account, apply the payments before the end of the current collection period, and mail the taxpayer a copy of the account showing all payments and the account balance at least 20 days before the closing date of the collection.

I understand that if this agreement contains more than one (1) account and if there is not sufficient funds at the time of closing of the collection period, payments will be applied in consecutive order with the largest balance being paid first. Further, I understand that if there is a balance owed after the close of the second half Current Tax Collection, this agreement will be canceled until the entire balance due, including any penalties, has been paid in full or the taxpayer has entered into an agreement to pay the balance owed.

Funds received in the escrow account will not be released for any purpose other than the payment of manufactured home taxes, except for reasons pertaining to transfer of property ownership, death of property owner, or as required by law. For the purpose of this agreement, the Ross County Auditor's Conveyance of Real Property Transfer Record shall control the matters of ownership and transfer. In all other matters, Section 321.45 of the Ohio Revised code shall apply.

Funds remaining in an escrow account after the payment of manufactured home taxes will remain in the account and be applied toward future manufactured home taxes or be returned to the taxpayer upon written request made to the Treasurer. The written request to refund excess funds will automatically terminate the existing agreement.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Taxpayer – please print

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
email or other phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Account number

\_\_\_\_\_  
Account Address

\_\_\_\_\_  
Account number

\_\_\_\_\_  
Account Address

\_\_\_\_\_  
Account number

\_\_\_\_\_  
Account Address

DAVID JEFFERS, ROSS COUNTY TREASURER

By \_\_\_\_\_  
Deputy

Entered by \_\_\_\_\_  
Checked by \_\_\_\_\_