



PERSON COUNTY

OFFICE OF THE TAX ADMINISTRATOR

Person County Tax Office
P.O. Box 1701
13 Abbitt St
Roxboro, North Carolina 27573-1701
(336) 597-1721 Fax No. (336) 322-8619

AUTOMATIC DRAFT REQUEST FORM

TAXPAYERS NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

SOC SEC NUMBER: _____ EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

NAME ON BANK ACCOUNT: _____

BANK ROUTING # _____ CHECKING ☐

ACCOUNT # _____ SAVINGS ☐

BANK NAME: _____

PAYMENTS WILL BE DRAFTED ON THE 15TH OF EACH MONTH

TAX ACCOUNT NUMBER: _____

MONTHLY AMOUNT: _____ EFFECTIVE DATE: _____

I hereby authorize the Person County Tax Office and the financial institution designated on this application to charge the account listed above for payment of my county taxes. I understand that this authorization will be in effect until I notify the Person County Tax Department in writing that I no longer desire this service, allowing the Tax Office reasonable time to act on my notification. I also understand that if corrections in the debt amount are necessary, it will involve an adjustment (credit or debit) to my account. The ultimate responsibility of ensuring that taxes are paid timely remains with the taxpayer.

****A \$25.00 RETURNED CHECK FEE WILL BE CHARGED FOR ALL RETURNED DRAFTS/DEBITS ****

DATE: _____

SIGNATURE: _____