

**CITY/VILLAGE INCOME TAX
PAYROLL DEDUCTION AUTHORIZATION**

To: Ottawa County Auditor

I hereby authorize you to deduct from any earned or accrued wages due me such amounts as may now or hereafter be required by ordinance passed by the Council of the City/Village of: (**please check**)

- Clay Center
- Elmore
- Genoa
- Oak Harbor
- Port Clinton

It is understood and agreed that the amount deducted will be remitted to the appropriate municipality. It is also understood and agreed that there shall be no liability whatsoever on your part for any failure to deduct from my pay and remit to the municipality any amount or amounts hereby authorized by me to be so deducted and remitted.

This authorization to remain in effect until cancelled in writing by me.

Signature _____

Date _____

Department _____

Employee Address _____
