

TAX SALE REGISTRATION AND AFFIDAVIT OF PURCHASER

Certificate of Delinquency Sale

I/We the undersigned, hereby declare our intent to purchase tax bills at the Kenton County Clerk's tax sale on July 27, 2021. As a registrant for the tax sale I/We understand that by submitting the tax sale list in the approved format to the Kenton County Clerk's Office, I/We will be held liable for all the bills acquired through the sale unless I/We have notified the Kenton County Clerk's Office by email (debbie.kile@ky.gov) requesting to be removed from participating in the delinquent tax sale no later than **July 23, 2021**.

Name of Company you represent OR yourself

Your name PRINTED

Address

City, State, Zip

Phone Number

Email or Website

ASSIGNMENT OF CERTIFICATE INFORMATION (IF DIFFERENT FROM ABOVE)

PLEASE PRINT

Address

City, State, Zip

Phone Number

Email or website

Purchaser Signature

Date

AFFIDAVIT

Please read and confirm the following sworn statement. Be advised that filing a false sworn statement with the intent to mislead the Kenton County Clerk is a violation of KRS 523.030 and is a Class A Misdemeanor.

I hereby certify that I am not participating in this sale in conjunction with any related person or related entity to obtain any advantage over other potential purchasers at the sale.

Signature

State of _____

County of _____

Subscribed, sworn to and acknowledged before me this _____ day of _____, 20____
by _____.

Notary Public State at Large

My Commission Expires: _____

AGREEMENT FOR ACH PAYMENTS (CCD CREDITS)

COMPANY NAME: Kenton County Clerk's Office

I (we) hereby authorize Kenton County Clerk's Office to electronically debit my (our) account(s). I (we) agree that ACH transactions I (we) authorize comply with all applicable law and the NACHA Operating Rules.

ACCOUNT

TYPE OF ACCOUNT (SELECT ONE) CHECKING C]SAVINGS

DEPOSITORY NAME _____

ROUTING # _____ ACCOUNT # _____

NAME(S) ON THE ACCOUNT _____

AMOUNT OF DEBIT (i.e., flat amount or percentage) _____

DATE(S) AND/OR FREQUENCY OF CREDITS

ACCOUNT #2 (if necessary)

TYPE OF ACCOUNT (SELECT ONE) CI CHECKING CISAVINGS

DEPOSITORY NAME _____

ROUTING # _____ ACCOUNT # _____

NAME(S) ON THE ACCOUNT _____

AMOUNT OF DEBIT (i.e., flat amount or percentage) _____

DATE(S) AND/OR FREQUENCY OF CREDITS

I (we) understand that this authorization will remain in full force and effect until I (we) notify the Kenton County Clerk's Office in writing that I (we) wish to revoke this authorization. I (we) understand that the Kenton County Clerk's Office requires at least 30 days prior notice in order to cancel this authorization.

NAME(S): _____

DATE

SIGNATURE(S)