

COUNTY FEES TRANSMITTAL FORM

FUNDS COLLECTED FOR THE MONTH OF _____, 20_____

(Funds Due CERF on or Before the 20th of the Month Following Collection)

COUNTY OF _____

County No. _____

KEYBANK ACCOUNT NO. XXXXXXXX7785

- \$ _____ Collector Delinquent Fee
- \$ _____ Assessor Late Declaration Fee
- \$ _____ Recorder Document Fee
- \$ _____ Collector Merchant License Fee
- \$ _____ Employee Payroll Withholding
(**Employee** Contributions/Buyback Payments Only)
- \$ _____ County Interest
- \$ _____ County Contributions (**County** Contributions Only, if any)

- \$ _____ **TOTAL REMITTANCE**

Signature

Mail To:

KeyBank
Attn: Betty Morris, OH 01-27-0704
127 Public Square, 14th Floor
Cleveland, OH 44114