NOTE:

Make sure the form is **completely filled out** in black or blue ink with legible printing. The Auto-Pay method will remain in effect until the proper canceling documentation is filed, no less than 30 days before the next due date. Completed forms must be in our office no later than March 15 for the first half, and September 15 for the second half. After these dates there is no guarantee that your payment can be made by the due date. You will still receive a paper statement mailed to you once a year. This statement will be for your records. To confirm your AutoPay status please contact our office. To receive a reminder email, five (5) days before the deduction occurs, you MUST sign up for 'email updates' on the bottom, left side of the homepage of the Island County Website: www.islandcountywa.gov.

AUTO-PAY ENROLLMENT FORM
ISLAND COUNTY TREASURER

Check box if this form is an UPDATE for your current enrollment plan. ☐

How the plan works:

List all the Property IDs to be enrolled into the box below. Please ONLY record the property ID number on this form. Any form with statement, geographic, parcel, or owner IDs will be rejected and the form will be returned to you. Form must be completely filled and postmarked by March 15 for 1st half taxes or September 15 for 2nd half taxes', otherwise it may be rejected. **PLEASE, read and complete the brochure IN FULL or else it will be rejected.**

AUTHORIZATION FOR DIRECT WITHDRAWAL FOR PROPERTY TAX PAYMENT

I, the undersigned (hereby referred as "Taxpayer"), as well as the U.S. financial institution named below, authorize the Island County Treasurer to withdraw from my account listed below and to release the account information herein. The withdrawals shall be made from the taxpayer's account on April 25 (for full or 1st half payment) and October 25 (for 2nd half payment), or on the next business day should these dates fall on a weekend. This authority will remain in effect until the taxpayer has given written notice to Island County, no less than thirty (30) days before the payment will be deducted. The taxpayer understands if payment is not honored by the financial institution, a $40 service fee as well as any applicable penalty and interest will be assessed onto the taxpayer's property account. In addition, the AutoPay program will be canceled. The taxpayer has read the disclaimer and accepted its conditions.

X_____ X_____

Authorized Signature 1 Authorized Signature 2 (if applicable)

X_____ X_____

Print Name Signer 1 Print Name Signer 2

Date Completed by Taxpayer:_____

Phone:_____ Email:_____

U.S. Financial Institution:_____ Branch:_____

Contact Number for Bank:_____ Person of Contact:_____

Print in only blue or black ink

ROUTING/ABA NUMBER

ACCOUNT NUMBER

1) Attached a voided check or financial statement listing your account numbers

2) Account Type: ☐ Checking ☐ Savings

3) Payment Type: ☐ Half April/Half October ☐ Full April

4) List **ALL** Property IDs to be enrolled: *(do not use Geo, Owner, or Statement ID)*

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

Comments:

Mail, fax, or deliver to the Treasurer's office when completed and you will receive a confirmation of enrollment.
Please verify all information entered is accurate

Fax: 360-240-5567 | Mail: PO Box 699 Coupeville, WA 98239