

TERMS & CONDITIONS

- **1st half will have four installment payments:** January, February, March, and April. We only accept new enrollments in October thru December of the previous year for first half taxes.
- **2nd half will have six installment payments:** May, June, July, August, September & October. We will only accept new enrollment applications in February thru April for second half. First half taxes must be paid by April 30th.
- **VALID EMAIL ADDRESS IS REQUIRED, and taxes must be current.** Enrollment is not allowed for accounts that already have an active escrow.
- **The service fee is \$2.00 per month per account.**
- If the electronic debit is returned this will result in an immediate removal from the program and a \$35.00 returned item fee.
- **To be removed from the automatic payment program,** the Treasurer's Office must receive the request either in writing or by email at least ten business days prior to the electronic payment withdrawal date.
- Once approved and signed by the Treasurer's office, a confirmation copy of this document will be emailed to you.
- In January and May, at least ten days before the withdrawal date, we will let you know what your new payments will be for the 1st or 2nd half. Due to the tax calculation timeframe, the January and May withdrawals will likely occur after the 15th of the month.
- If you have questions, please email us at Treasurer@kitsap.gov or call us at (360) 337-4586.

The Kitsap County Treasurer's Office reserves the right to remove anyone at any time for any reason when deemed appropriate.

TAXPAYER CONTRACT FOR AUTOMATIC MONTHLY PRE-PAYMENTS

I hereby authorize the Kitsap County Treasurer to initiate electronic debits from my checking account beginning _____ (date) for the monthly pre-payment of property taxes. I agree to the terms listed on this authorization form for payment. **If the due date falls on a weekend or holiday, it will be deducted on the following business day.**

PLEASE PRINT

Name(s) _____

Daytime Phone (_____) _____

Mailing Address _____

City, State, Zip Code _____

Email Address (required) _____

Attach a voided check for account from which funds will be deducted.

Parcel Number(s) - (If more space is needed, please attach a listing.)

AUTHORIZATION AGREEMENT

All changes to this program must be submitted to the Kitsap County Treasurer's Office in writing either in person, by email or by mail at least ten business days prior to the payment due date. This means any change to your bank account, email address, phone number or if you wish to cancel out of the program for any reason, including selling the property.

_____ Date _____
Taxpayer Signature

_____ Date _____
Taxpayer Signature

_____ Date _____
Treasurer Staff Signature

Official Use Only
Add ACH _____
Add to LIS _____
Add to Excel Spreadsheet _____
Emailed signed contract _____
Terminated from ACH _____
Terminated from LIS _____
Emailed termination notice _____

Please staple voided check here.

Complete the contract and authorization agreement and return to:
KITSAP COUNTY TREASURER, PO BOX 169, PORT ORCHARD, WA, 98366