

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT

I hereby authorize the Kitsap County Treasurer to debit my checking account identified below for payment of property taxes on April 30th and October 31st each year. This authorization will remain in full force until a written notification from me of its termination. All changes to this agreement must be submitted in writing.

Name: _____ Phone: _____

Address: _____ **Email:** _____

City: _____ State: _____ Zip Code: _____

Bank Name: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Checking Account No: _____

Name tax account is under: _____

Tax parcel identification number(s): _____

Check this box if you would prefer to receive your Tax Statement(s) electronically. (Be sure to provide email address above)

Signed: _____ Date: _____

Attach a voided check from your bank....(NO deposit slips) If you have any questions, please call (360) 337-4939. Return this form to the Treasurer's office by March 15 to begin with first half or September 15 to begin with 2nd half.

Mail to: Kitsap County Treasurer
614 Division Street MS-32
Port Orchard, WA 98366