

TERMS & CONDITIONS

- 1st half will have six installment payments: November, December, January, February, March and April.
- 2nd half will have six installment payments: May, June, July, August, September & October
- If you are enrolling in any month other than May or November please call (360) 337-4586 to get the amount due to get started.
- **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 installment.**
- If the electronic debit is returned this will result in an immediate removal from the program and a \$35.00 fee.
- To be removed from the automatic payment contract, 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. Prior payments will be credited to the account.
- 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 email you a link to your statement and let you know what your new payment will be for the year. 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@co.kitsap.wa.us or call us at (360) 337-4586.

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

TAXPAYER CONTRACT FOR AUTOMATIC MONTHLY PRE-PAYMENTS

On _____, I hereby authorize the Kitsap County Treasurer to initiate electronic debits from my checking account identified below for the monthly 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 _____

Email Address (required) _____

Bank Name _____ Branch (City) _____

Bank Routing # _____ Checking Acct # _____

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

I will notify the Kitsap County Treasurer's Office, in writing, when I change banks or close my account to continue this procedure. I understand the Kitsap County Treasurer must receive written or emailed notice at least ten business days prior to the electronic payment withdrawal date of the 15th of the month, in order to stop the payment or change the bank account.

 Taxpayer Signature Date _____

 Taxpayer Signature Date _____

 Treasurer Staff Signature Date _____

Official Use Only
 Add ACH _____
 Add to LIS _____
 Emailed signed contract _____
 Terminated from ACH _____
 Terminated from LIS _____
 Termination date _____
 Emailed termination notice _____

Please staple voided check here.

Complete the contract and authorization agreement and return to:

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