

## Authorization Agreement for Automated Payments (APS Debits)

I (we) hereby authorize the Cole County Collector, hereinafter called COLLECTOR, to initiate debit entries to my (our) Checking/Savings Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of APS transactions to my (our) account must comply with the provisions of the U.S. Law. The taxpayer understands that failure to notify the COLLECTOR of any accounts changes which result in a payment not being honored by the financial institution may result in late penalty and interest charges, for which the taxpayer will be responsible. By signing this authorization form, the taxpayer agrees to participate in the AUTOMATED PAYMENT SERVICE program as outlined in this payment agreement until further notice.

Bank \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type: Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Date of Debit: 5<sup>th</sup> \_\_\_\_\_ or 20<sup>th</sup> \_\_\_\_\_ of each quarterly month

This authorization is to remain in full force and effect until the COLLECTOR has received written notification from me (us) of its termination no less than five working days before the due dates to afford COLLECTOR and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Parcel Number(s)

\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: CURRENT TAX AMOUNTS WILL BE DEBITED OR CREDITED TO THIS ACCOUNT QUARTERLY IN EQUAL INSTALLMENTS IN MARCH, JUNE AND SEPTEMBER ACCORDINGLY, UNLESS OTHERWISE NOTIFIED TO MAKE BILLS CURRENT. DECEMBER AMOUNTS WILL BE BASED ON TE BALANCE OF TAX DUE.**

**NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE SIGNED MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE COLLECTOR IN THE MANNER SPECIFIED ABOVE. A \$25 FEE WILL BE CHARGED IF WE ARE UNABLE TO PROCESS AN INSTALLMENT PAYMENT DUE TO THE ACCOUNT BEING CLOSED OR INSUFFICIENT FUNDS.**

**PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP TO THIS DOCUMENT.**