Authorization Agreement
For Direct Payments (ACH Auto-Pay)

I (we) hereby authorize the Asotin County Treasurer to charge my bank account identified below for payment of property taxes on April 30th and/or October 31st. If the due date falls on a weekend or holiday, payment will be deducted the following business day.

Form must be completely filled out and postmarked by March 31st for 1st Half or by September 30th for 2nd Half. A **VOIDED** check must be attached and all parcels listed below.

Select choice below if you want continuous withdrawl:
Payment Type: □ HALF APRIL/HALF OCTOBER
Payment Type: □ FULL YEAR ON APRIL 30th
Payment Agreement: □ DUE 15TH OF EACH MONTH

Select choice below if you want withdrawl for this year only:
Payment Type: □ ONE TIME ONLY APRIL 30th
Payment Type: □ ONE TIME ONLY OCTOBER 31st
Payment Type: □ ONE TIME ONLY FULL YEAR ON APRIL 30th

PLEASE PRINT CLEARLY

Property Owner(s) _____

Mailing Address:_____

Daytime Phone # :( )_____

Bank Name, Branch, Address:_____

Account Type (circle) CHECKING or SAVINGS (must contact bank for correct ABA/Account number)

Routing/ABA Number | Account Number

Property Tax Parcel Number(s) (located on tax statement ex. **0-000-00-000-0000-0000**)

_____ _____
_____ _____
_____ _____

Authorized Signature #1 | Date | Authorized Signature #2(if required) | Date

_____ _____ _____ _____

Mail to:
Asotin County Treasurer
PO Box 99
Asotin WA 99402

AUTHORIZATION TO CANCEL AUTO PAY

Please SIGN and return to Asotin County Treasurer's Office **30 days before next due date.**

□ Cancel all parcels □ Cancel parcels listed below

_____ _____ _____ _____
_____ _____ _____ _____

Routing/ABA Number | Account Number

_____ _____ _____
Authorized Signature #1 | Print Name | Date

_____ _____ _____
Authorized Signature #2 | Print Name | Date