

Would you like to save time & money?

The direct payment plan allows you to:

- ✓ Spread your taxes over nine installments or semiannually.
- ✓ Save time — no checks to write!
- ✓ Help meet your commitments in a convenient and timely manner — even when you're out of town or on vacation!
- ✓ Instead of receiving a paper copy of the statement, an e-mail will be sent that will provide a link to our website to view the account information *anytime, anywhere*.

Don't forget — The cutoff dates to apply for the payment plan are January 5th for the first half and May 1st for the second half.



Visit Our New Website at www.co.walla-walla.wa.us
This form is also available online and can view your property account information anytime, anywhere!

9 Month Installment Plan

Example:

\$1,500 Tax Bill

Feb	16.65%	\$250.00	
Mar	16.65%	\$250.00	
Apr	16.66%	\$250.00	\$750.00
May	8.34%	\$125.00	
Jun	8.34%	\$125.00	
Jul	8.34%	\$125.00	
Aug	8.34%	\$125.00	
Sep	8.34%	\$125.00	
Oct	8.34%	\$125.00	\$750.00
		100.00%	\$1,500.00

Semiannual Installment

Example:

\$1,500 Tax Bill

April	50%	\$750.00
October	50%	\$750.00

HOURS:

9:00 a.m. to 4:00 p.m.

Monday through Friday

(excluding Holidays)

WALLA WALLA COURTHOUSE

Second Floor

315 West Main

Walla Walla, WA 99362

Phone: (509) 524-2750

Fax: (509) 524-2759

Mail form to:

Walla Walla County Treasurer

PO Box 777

Walla Walla, WA 99362

Walla Walla County

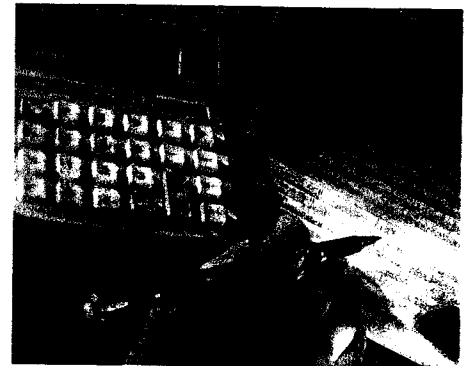
Treasurer's Office

GORDON R HEIMBIGNER, CFE, CPFIM

Walla Walla County Treasurer

Walla Walla (509) 524-2750

www.co.walla-walla.wa.us



AUTOMATIC PAYMENT PLAN

The automatic payment plan will help in *many ways*:

- Saves time — no checks to write!
- The option to spread your taxes over 9 installments or automatic payment twice a year
- Payment will never be late
- No renewal required!
- Each payment will have a .75[¢] fee.
- Helps meet your commitment in a convenient and timely manner; even when you're out of town or on vacation!

TERMS & CONDITIONS

- 1st half will have **3 installment payments:** February, March & April
- 2nd half will have **6 installment payments:** May, June, July, August, September & October
- Semiannually: 1st half in April & 2nd half in October
- Withdrawal dates will be the 24th of each month.
- **Valid e-mail is required** and taxes must be current — no delinquent accounts. Cannot sign up if there is already an active escrow.
- The cutoff dates to apply for the payment plan are January 5th for the first half and May 1st for the second half of each year.
- Each installment will have a **.75 service fee.**
- If the electronic debit is returned due to non-sufficient funds or account closed, this will result in an immediate removal from the program and a \$35 fee.
- To be removed from the automatic payment contract, the Treasurer's office must receive the request either in writing or by e-mail at least 5 business days prior to the electronic payment withdrawal date.
- Once approved and signed by the Treasurer, a confirmation (copy of this document) will be e-mailed to you.
- After approved, you will receive an e-mailed notification when your tax statement is available for viewing online.



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

TAXPAYER CONTRACT FOR AUTOMATIC PAYMENT

On _____, I hereby authorized the Walla Walla County Treasurer to initiate electronic debits from my checking/savings 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.

10 month payment Semiannual

PLEASE PRINT

Name (s) _____
 Daytime Phone (_____) _____ Cell Phone (_____) _____
 Mailing Address _____
 E-mail Address (required) _____
 Bank Name _____ Branch (City) _____
 Bank Routing # (ABA #) _____ Checking Account _____
 Savings Account # _____

Attach voided check for the account from which funds will be deducted (required).

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

AUTHORIZATION AGREEMENT

I will notify the Walla Walla County Treasurer's Office, in writing, when I change banks or close my account to continue this procedure. I understand the Walla Walla County Treasurer must receive written or e-mailed notice at least 5 business days prior to the electronic payment withdrawal date of the 24th of the month, in order for the payment to be stopped or the bank account changed.

 (Taxpayer Signature) Date _____

 (Taxpayer Signature) Date _____

 (Deputy Treasurer) Date _____

Official Use Only

Add To ACHpay _____
 Add To Terrascan _____
 Emailed Signed Contract _____
 Term from ACHpay _____
 Term from Terrascan _____
 Term Date _____
 Term Due To _____
 Emailed Term Notice _____

Complete the contract and authorization agreement then return to:
Gordon R Heimbigner, CFE, CPFIM, Walla Walla County Treasurer, PO Box 777, Walla Walla, WA 99362

Please Staple Voided Check Here