

David E. Griffiths, CHELAN COUNTY TREASURER

PO BOX 1441

Wenatchee, WA 98807-1441

(509) 667-6405

www.co.chelan.wa.us/treasurer

Written notice of authorization to make changes to your automatic payment must be received by the Chelan County Treasurer's office no less than thirty (30) days before tax due dates and your account is to be debited; March 31 for first half, or September 30 for second half.

AUTOPAY CHANGE AUTHORIZATION

Please list all Property ID numbers you wish to update account information for.

_____	_____	_____
_____	_____	_____
_____	_____	_____

1) Attach a VOIDED CHECK

2) PAYMENT TYPE: ☐ **HALF: on April 30 and October 31** ☐ **FULL YEAR: on April 30**

3) ACCOUNT INFORMATION: ☐ **CHECKING** ☐ **SAVINGS**

(if you choose savings, you must contact your bank for the correct ABA and account number)

Banking Institution: _____

Routing/ABA Number: _____ Account Number: _____

I authorize Chelan County, and the U.S. financial institution named above, to withdraw from my account listed above and to release the account information herein. The withdrawals shall be made from my account on April 30 (for full or 1st half payment) and October 31 (for 2nd half payment), or on the next business day should these dates fall on a weekend. This authority is to remain in full force and effect until Chelan County has received written notification from me, no less than thirty (30) days before my account is to be charged. I understand that if payment is not honored by my financial institution, a \$25 service fee and any applicable interest and penalty will be assessed. In addition, my Autopay enrollment will be canceled.

Name (Please Print)

Authorized Signature

Date

Email address

Daytime Phone #