## PAY YOUR CHELAN COUNTY PROPERTYTAXES WITH AUTOPAY

| Chelan County is<br>Payments from y<br>The Autopay pla  | ving   | _  |  |   |  |   |                                    |   |                               |                               | Pro                              | perty                              | ' ID i                         | numb                              | ers to                            | be e                         | enroll                         | ed:                         |                           |                        |     |
|---|--|--|--|---|--|---|------------------------------------|---|-------------------------------|-------------------------------|----------------------------------|------------------------------------|--------------------------------|-----------------------------------|-----------------------------------|------------------------------|--------------------------------|-----------------------------|---------------------------|------------------------|-----|
| How the Plan Works:  On April 30 and October 31 (or the next business daproperty tax payment will be made automatically focoupon(s). Only if you choose to pay the full year, we have the full year, we have the full year. |  |  |  |   | or the amount shown on your tax payment  |   |                                    |   |                               |                               |                                  |                                    |                                |                                   |                                   |                              |                                |                             |                           |                        |     |
| Check box for ha Provide banking Return form to the half, or Septemb You will receive a authorization for Your property ta  | ID numbers to be en<br>If payments on April<br>information and sign<br>he Chelan County Tre<br>per 15th for second han enrollment confirm<br>m.<br>x payment(s) will aut | 30 and the acceptance of the a | nd Octol<br>authoriz<br>er's offic<br>n letter     | ber :<br>zatio<br>ce w<br>witl            | 31, or o<br>on agree<br>vith a <b>vo</b><br>hin 30 c   | ement<br>pided of<br>days of                | at t<br><b>che</b> c               | he bot<br>c <b>k</b> by <b>N</b><br>r receip      | tom<br><b>farc</b> l<br>ot of | of t<br><b>h 1!</b>           | this fo                          | orm.<br>or firs                    |                                |                                   |                                   |                              |                                |                             |                           |                        |     |
| due date(s). TO OUR CANADI  | AN CUSTOMERS: If y   | ou ha  | ave a Ur   | nited                                     | d States   | hank  | acci                               | ount t  | his s                         | erv                           | rice is                          | avail                              | able                           | to vo                             | ม ลร                              | wel                          | l                              |                             |                           |                        |     |
|   | ke changes or cancel A   |  |  |   |  |   |                                    |   |                               |                               |                                  |                                    |                                | , .                               |                                   |                              | •                              |                             |                           |                        |     |
| This form must  | be completely filled   | lout   | and po   | stm                                       | arked k  | y Ma  | rch                                | 15 for  | first                         | t ha                          | ılf tax                          | œs, o                              | r Se <sub>l</sub>              | ptem                              | ber                               | 15 f                         | or se                          | cond                        | half                      | taxe                   | s.  |
| I authorize Chela<br>the account inf<br>ber 31 (for 2nd h<br>force and effect<br>charged. I unde  | rION AGREEMEN<br>an County, and the U<br>ormation herein. Th<br>half payment), or on<br>until Chelan County<br>rstand that if payme<br>ssessed. In addition              | J.S. fir<br>le wit<br>the n<br>has ro<br>nt is r   | nancial<br>hdrawa<br>ext bus<br>eceived<br>not hon | insti<br>ils sh<br>sines<br>I wri<br>ored | itution in all be in all be in second | named<br>made hould<br>otificat<br>of finan | d be<br>fron<br>the<br>ion<br>cial | low, to<br>n my a<br>se date<br>from n<br>institu | wit<br>ccou<br>es fa<br>ne, r | thdr<br>unt<br>ill o<br>no le | raw f<br>on A<br>n a w<br>ess th | rom r<br>pril 30<br>eeke<br>nan th | my ad<br>0 (for<br>nd<br>nirty | ccoui<br>r full<br>This a<br>(30) | nt list<br>or 1s<br>autho<br>days | ted<br>st ha<br>ority<br>bef | belovalf par<br>is to<br>ore m | v and<br>ymer<br>remany aco | it) an<br>ain in<br>count | d Oct<br>full<br>is to | to- |
| 2) PAYMENT TY   | DED CHECK and LIS' 'PE:   HALF: on Ap FORMATION:   CH  | ril 30   | and O  | ctol                                      | ber 31   | □ FU  | JLL                                | YEAR:   | on A                          | Apr                           | ril 30                           |                                    |                                |                                   |                                   | orrec                        | t ABA a                        | ınd acc                     | count r                   | numbe                  | r)  |
| Banking Institution   | on   | Rout   | ting/AB  | A Nu                                      | umber  |   |                                    |   | _                             | Ac                            | coun                             | t Nun                              | ber                            |                                   | T                                 | T                            |                                | T                           |                           |                        |     |
|   |  |  |  |   |  |   |                                    |   |                               |                               |                                  |                                    |                                |                                   |                                   |                              |                                |                             |                           |                        |     |
| Name (Please print)   |  |  |  |   | Account Owner Signature  |   |                                    |   |                               |                               |                                  |                                    |                                |                                   |                                   |                              |                                |                             |                           |                        |     |
| Date  | Daytime Phone  |  |  | Em  | nail Address   |   |                                    |   |                               |                               |                                  |                                    |                                |                                   |                                   |                              |                                |                             |                           |                        |     |