Pike County Authorization Agreement for Automated Payments (APS Debits)

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

(Voided check is required-Attach to this form)

Bank_____

City_____State_____Zip_____

Routing #_____Account#_____

Account Type (circle one) Checking   Savings   Name(s) on Bank Account_____

Funds will be deducted from your account on the 15th of every month. Please ensure that you have sufficient funds available to be transferred. Failure to make a scheduled payment may result in late charges and/or the termination of said payment plan.

This authorization is to remain in full force and in effect until the COLLECTOR has received written notification from me of its termination, amendment, or suspension, no less than five working days before the due date as to afford COLLECTOR and DEPOSITORY a reasonable opportunity to act on it.

Name(s)_____

Mailing Address_____

City, State, Zip_____

Daytime Phone Number_____

Email address_____

Personal Property Account #_____

Real Estate Account#_____

Note: Depending on the month you enroll, there will be a total of 11 monthly payments based on the amount of Real Estate or Personal Property taxes that was paid for the previous year. The 11 payments will consist of 10 equal installments with the eleventh and final payment on November 15th being the balance of the Property tax due. Failure to make a scheduled payment may result in the termination of said payment plan.

In addition to agreeing to this Agreement's terms and conditions (as stated above), I acknowledge that failure to pay IN FULL any Real Estate and/or Personal Property taxes owed by December 31st, will result in a tax delinquency for such account for such year (regardless of whether partial payment is made).

*Signature(s)*_____*Date*_____