

## 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 5<sup>th</sup> for the first half and May 1<sup>st</sup> for the second half.



Visit Our New Website at [www.co.walla-walla.wa.us](http://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](http://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 \$2.00 fee.
- Helps meet your commitment in a convenient and timely manner; even when you're out of town or on vacation!

# TAXPAYER CONTRACT FOR AUTOMATIC PAYMENT

## TERMS & CONDITIONS

- 1<sup>st</sup> half will have **3 installment payments**: February, March & April
- 2<sup>nd</sup> 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 24<sup>th</sup> 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 5<sup>th</sup> for the first half and May 1<sup>st</sup> for the second half of each year.
- Each installment will have a **\$2.00 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.*

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.  **9 month payment**  **Semiannually**

### 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 24<sup>th</sup> of the month, in order for the payment to be stopped or the bank account changed.

\_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_  
 (Taxpayer Signature)  
 \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_  
 (Taxpayer Signature)  
 \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_  
 (Deputy Treasurer)

**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