



Office of the Boone County Collector

Patricia S. Lensmeyer, Collector
Phone 573-886-4285 • Fax 573-886-4294

801 East Walnut, Room 118
Columbia, MO 65201-4890

Authorization Agreement for Automated Payments (APS Debits)

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

Bank _____

City _____ State _____ ZIP _____

Routing Number _____ Account Number _____ Account Type _____

Please select the day you wish to have your account debited: 5th or 20th of each month.

This authorization is to remain in full force and effect until the COLLECTOR has received written notification from me (or either of us) 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) _____

Date _____ Signature(s) _____

Your Daytime Phone Number _____

Parcel # (include additional sheet if more than one parcel) _____

IMPORTANT: CURRENT TAX AMOUNTS WILL BE DEBITED OR CREDITED TO THIS ACCOUNT IN EQUAL INSTALLMENTS IN JANUARY THROUGH NOVEMBER ACCORDINGLY UNLESS OTHERWISE NOTIFIED TO MAKE BILLS CURRENT. DECEMBER AMOUNT WILL BE BASED ON THE BALANCE OF TAX DUE.

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE SIGNER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE COLLECTOR IN THE MANNER SPECIFIED ABOVE.

***A VOIDED CHECK OR SAVINGS DEPOSIT SLIP MUST BE ATTACHED TO THIS FORM.**

***A \$25.00 FEE WILL BE CHARGED IF WE ARE UNABLE TO PROCESS AN INSTALLMENT PAYMENT DUE TO THE ACCOUNT BEING CLOSED OR INSUFFICIENT FUNDS.**