



**Boone County Collector of Revenue
Pre-Payment of REAL PROPERTY TAXES AND/OR NID assessment
on a Monthly Basis, if not escrowing**

Office Use: /
COUPONS <input type="checkbox"/>
5 th <input type="checkbox"/>
20 th <input type="checkbox"/>
Start Month/Year /

- Current bills for property MUST be paid to enroll
- Use the **base** amount of your previous year’s real property taxes or Neighborhood Improvement District (NID) assessment, divided by number of months left in current year.
 - For example, if last year’s base tax was \$1201.58 and
 - if your plan starts in **January**, the amount per month would be **\$100** (\$1202 divided by **12** months)
 - if your plan starts in **March**, the amount per month would be **\$120** (\$1202 divided by **10** remaining months)
- The December payment will be adjusted to reflect the balance of the tax due based on the current year’s bill. The balance must be paid by December 31st, to avoid late fees and penalties, or possible termination of the plan.
- We will accept the following **payment options**:
 - **Check, money order, or cash** – using **COUPON** method. With coupons, you may double-up or skip months, provided the balance is paid in full by December 31st.
 - You may authorize the collector’s office to debit your bank account on either the 5th or 20th of each month. Please read and complete the **Automated Payment Service (APS)** form (**on reverse side of this form**), and attach a voided check to enroll.
 - **Credit card** charged on the 20th of the month with **2.3%** added to cover the credit card processing company’s fees
 - Need to have current Credit Card information on file
 - Currently accept **Visa, MasterCard, American Express, and Discover** cards.
- For additional information or forms, contact the collector’s office at (573) 886-4285 or visit our website at <http://www.showmeboone.com/COLLECTOR>

I (we) _____ have read the above information and wish to enroll in a payment plan for my (our) real property taxes and/or NID assessment. I (we) understand that all payments are due by December 31st and that the failure to make all required payments may result in late charges, and or the termination of said payment plan. A **\$25** fee will be charged for any payment that is returned.

Please print:

Name(s) as shown on bill _____

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

Mailing address _____

City _____ State _____ Zip Code _____

Home phone number _____ Daytime number _____

Email address _____

I (we) also understand that taxpayers wishing to cancel, amend, or suspend an installment plan must submit their request in writing to the Boone County Collector’s Office.

Signature(s) _____ Date _____

(All owners must sign)

This plan automatically renews each year – no need for re-enrollment.

Authorization Agreement for Automated Payments (APS Debits)

– This is a FREE service –

I (we) hereby authorize the Boone County Collector of Revenue, 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 _____

Routing Number _____ Account Number _____ Account Type: _____

Choose the day you wish to have your account debited 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 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: THE SIGNER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE **COLLECTOR** IN THE MANNER SPECIFIED ABOVE.

***A VOIDED CHECK 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/UNAVAILABLE FUNDS.**