



County of York Treasurer's Office Tax Pay My Way Program

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Electronic Debit Authorization Form for Payment of Real Property Taxes

Name(s) _____

Mailing Address _____

Home Phone Number () - _____

Work Phone Number () - _____ () - _____

Fax Number (optional) () - _____ () - _____

Email Address (optional) _____

Financial Institution _____

Bank Account Number _____

Withdraw from Checking **(*REQUIRED* Attach a voided check bearing the bank account number above)**

Savings **(*REQUIRED* Attach a voided deposit slip with the bank account number above)**

Total Debit Amount*: \$20 \$400

(Select only one amount) \$100 \$500

\$200 \$600

\$300 \$700

Property Address: _____

GPIN #: _____

Account #: _____

[One parcel per form]

OR
Choose your amount \$ _____ (amount must be in whole dollars)
**Minimum debit to occur monthly is \$50.00.*

AUTHORIZATION AGREEMENT

I authorize the Financial Institution listed above to accept automatic payment requests from the County of York, Virginia and post them to my account.

I am aware that my account will be debited 8 times per year on the 10th of each month* from Jan - Apr and Jul - Oct and that I will be responsible for paying any balance due on my account on or before the due date. (*Next business day if the 10th falls on a weekend or holiday)

I understand that, if at any time, I decide to withdraw this authorization, I need only to notify the County of York in writing **7 business days prior** to the scheduled debit.

I also understand that if I change or close the account at the financial institution listed above, I must immediately contact the County of York Treasurer's Office.

I understand and agree that any mistake or failure of the Financial Institution to pay taxes to the County of York, as specified in this agreement, or amendments thereto, including penalty as applicable, will remain the responsibility of the undersigned.

I understand and agree that I am responsible for and will pay a return item **fee of thirty-five dollars (\$35.00)** which will be assessed for each debit that is returned to the County as a "Return Item" for reasons of "Insufficient Funds" or "Account Closed". If my payment is returned unpaid, I understand I will be immediately removed from Tax Pay My Way, and I authorize you to make a one-time electronic fund transfer from my account to collect the fee of \$35.00.

I understand that this payment plan is offered as a convenience to me, and I further acknowledge that it is my sole responsibility to insure that my tax obligations are satisfied in full and on time.

I agree that the Treasurer shall have no liability if the payments under this agreement are insufficient to satisfy my tax liability.

I have read and understand the rights and obligations outlined in this agreement.

Signature(s) _____

Date _____