

INSTALLMENT PLAN INFORMATION

You may now pay your upcoming real estate taxes on a quarterly basis. A signed agreement must be received by March 1st to be eligible.

Only real estate taxes are eligible for installment payments at this time. You must have no prior delinquent real estate taxes for the specific parcel(s) you wish to set up on the plan.

If you currently escrow your real estate taxes with a mortgage company or related servicing company, you will not be able to set up a payment plan for that particular parcel of land.

Your payments will be based on the amount you paid in the previous year for real estate taxes. There will be three equal installments, with the fourth and final payment being the balance of the tax due.

We only accept automated payments directly from your bank account. If you agree to pay by automated payment, please fill out and sign the APS authorization form in addition to an agreement to enroll in the installment plan. A void check will also need to be sent with the agreement. Your account will be debited on the last working day of March, June and September. We will notify you in November of the amount of the last payment that will be debited from your account on the last working day in December.

For question, please contact the Collector's Office at (573) 642-0747.

AGREEMENT

I (we) _____ have read the above information and wish to enroll in a payment plan for my (our) real estate taxes. I (we) understand that there will be a total of four (4) quarterly payments based on the amount of real estate taxes that was paid the previous year. The four (4) payments will consist of three (3) equal installments with the fourth and final payment being the balance of the tax due. I (we) understand that all payments are due by December 31st and that the failure to make a scheduled payment may result in late charges and the termination of said payment plan.

Please Print:

Date: _____

Name(s) as shown on statement _____

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

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Daytime Number _____

Email Address _____

Signature(s) _____

All owners must sign

Upon receipt of this signed agreement, the collector's office will mail out a confirmation of enrollment and a payment plan schedule.

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS (APS DEBITS)

I (we) hereby authorize the Callaway 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 _____

Routing Number _____ Account Number _____

Account Type - Checking _____ or Savings _____

Your account will be debited on the last working day 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 no less than five working days before the due dates 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 QUARTERLY IN EQUAL INSTALLMENTS IN MARCH, JUNE AND SEPTEMBER 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 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.**