

HUBBARD COUNTY AUTOMATIC PAYMENT
ENROLLMENT FORM

I (we) authorize Hubbard County and their financial institution to initiate entries to debit my (our)
_____CHECKING _____SAVINGS account described below:

Bank Name & Address _____

Bank Routing # _____ Account # _____

Please attach a voided check

This authority will remain in full force and effect until Hubbard County has written notification from me (or an authorized signatory on my account) of its termination in such time and manner as to afford Hubbard County a reasonable time to act on it.

Signature _____ Date _____

Printed Name _____

Phone # _____ Email _____

List Parcel Numbers

(Office Use Only)

Parcel # _____

ID# _____ Bank# _____ PC _____

Parcel # _____

ID# _____ Bank# _____ PC _____

Parcel # _____

ID# _____ Bank# _____ PC _____

Parcel # _____

ID# _____ Bank# _____ PC _____

Parcel # _____

ID# _____ Bank# _____ PC _____

Parcel # _____

ID# _____ Bank# _____ PC _____

Upon notice of insufficient funds, penalty and interest will be applied to each unpaid parcel, in addition, Hubbard County reserves the right to cancel participation in the automatic payment program.

All 2nd half payments will be withdrawn on October 15th, regardless of the due date shown on your statement.

Please notify Hubbard County of any change in ownership as it may remove the ACH for which it is not responsible.

Hubbard County is **NOT** responsible for any parcel numbers missed on this form by the taxpayer.