

CHANGE AUTHORIZATION FOR AUTOPAY

A voided check or Savings withdrawal slip must be attached and returned with form.

U.S. Financial Institution	Branch
Phone	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

If you choose Savings, you MUST contact your bank for the correct ABA and Account Number

Routing/ABA	Account number

Payment Type 1/2 April 1/2 October Full April

Parcel Number(s) _____

Authorized Signature #1	Print Name	Date
Authorized Signature #2	Print Name	Date

Jefferson County Treasurer
 1820 Jefferson St
 P O Box 571
 Port Townsend WA 98368-0571

office 360 385-9150
 FAX 360 385-9149
WWW.CO.JEFFERSON.WA.US