

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
<input type="text"/>	<input type="text"/>

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  
[ttoiland@co.jefferson.wa.us](mailto:ttoiland@co.jefferson.wa.us)  
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