



**COUNTY OF MAUI · DEPARTMENT OF FINANCE · DIVISION OF TREASURY
REAL PROPERTY TAX/FEE COLLECTIONS AND TAX RELIEF PROGRAM**

70 E. Ka'ahumanu Avenue, Suite A-18, Kahului, Hawai'i 96732

Phone: (808) 270-7697 · Fax: (808) 270-7702 · www.mauipropertytax.com

REAL PROPERTY TAX AUTO-PAY PROGRAM INFORMATION & INSTRUCTIONS

UNDERSTANDING THE AUTO-PAY PROGRAM

The Real Property Tax Auto-Pay Program is a payment option to schedule payments for your property tax installments automatically. Property tax installment payments are deducted from your designated financial institution five (5) business days prior to the August 20th and February 20th due dates of each year.

ONE-TIME ENROLLMENT PROCESS

There is a one-time enrollment application process to begin making scheduled property tax installment payments automatically. Once your application is accepted and your enrollment into the Auto-Pay Program is confirmed, your participation will be on-going. Confirmation of enrollment will be provided at least five (5) days prior to the date of your first withdrawal. Thereafter, automatic payments will continue to be deducted from your account during each billing cycle and payment method noted on your Real Property Tax Bill. You do not need to reapply at any time unless you would like to make changes or updates to your parcel and/or checking account information.

REQUIRED DOCUMENTATION FOR AUTO-PAY PROGRAM ENROLLMENT

1. AUTO-PAY PROGRAM APPLICATION

The County of Maui property owner or its authorized agent may file an application for enrollment in the Auto-Pay Program. Please ensure the following is complete before submitting your application:

- One (1) application form is filled out per parcel.
- Parcel information is correct and legible.
- Valid bank routing number and checking account number is provided, please see sample check below.
- For personal checks with more than one account holder, only one signature is required.
- For business checks, provide printed name and title of authorized person's signature.

2. ORIGINAL PERSONAL OR BUSINESS CHECK

The original voided personal or business check provided is used to verify and designate the account and financial institution in which the property tax payment will be deducted from. Failure to follow these requirements will result in the denial of your application:

- Check **MUST BE AN ORIGINAL**.
- Deposit slip, check carbon copy and/or any other type of check image is not accepted.
- Check must be pre-printed with the account holder's name and bank information.
- Check must be drawn on a U.S. Bank.
- Foreign bank checks are not accepted and foreign financial institutions are ineligible for the program.



UPDATE OR CANCEL AUTO-PAY PROGRAM

If you would like to update your financial institution information or cancel your enrollment in the Auto-Pay Program you must notify the County in writing or complete necessary form at least thirty (30) days prior to the next scheduled billing due date. Upon receipt of your change or cancellation request, confirmation will be provided that your enrollment has been updated or canceled.



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REAL PROPERTY TAX AUTO-PAY PROGRAM APPLICATION

SECTION 1 - TAX MAP KEY

RP 2 - - - - -

SECTION 2 – PROPERTY OWNER & ADDRESS INFORMATION

PROPERTY OWNER(S) LAST NAME, FIRST NAME

PROPERTY ADDRESS APT. NO. CITY STATE ZIP CODE

SECTION 3 – APPLICANT INFORMATION

REQUESTOR'S LAST NAME, FIRST NAME (IF DIFFERENT FROM PROPERTY OWNER)

MAILING ADDRESS (IF DIFFERENT FROM PROPERTY ADDRESS) APT. NO. CITY STATE ZIP CODE

HOME PHONE CELL PHONE EMAIL

SECTION 4 – AUTHORIZATION AGREEMENT

I/We authorize the County of Maui Department of Finance (herein referred as the "County") and the financial institution designated (or any other financial institution I/we may authorize at any time) to deduct within five (5) business days prior to the August 20th and February 20th due dates of each year to pay my real property taxes.

I/We understand that the County will notify me/us in writing of the enrollment in this Auto-Pay Program at least five (5) days prior to the date of the first withdrawal. I/we can waive our right to this notice requirement if I/we authorize the County to do so, in writing.

I/We understand that this is a one-time enrollment to this Auto-Pay Program and will only be terminated upon written confirmation of the County of their receipt of my cancellation of enrollment request. I/We understand that I am responsible to pay \$30.00 service charge plus applicable fees (10% penalty and 1% interest per month), in the event that my/our payment gets rejected by the financial institution.

X

ACCOUNT HOLDER'S NAME (IF BUSINESS, PRINTED NAME & TITLE) SIGNATURE / DATE

SECTION 5 – FINANCIAL INSTITUTION INFORMATION

****ORIGINAL CHECK MUST BE ATTACHED****

BANK ROUTING NO. CHECKING ACCOUNT NO. BANK NAME & ADDRESS

FOR OFFICIAL USE ONLY

| RECEIVED BY | DATE | AUTOPAY LOG NO. |
|--|-------------------|-----------------|
| <input type="checkbox"/> DENIED | REASON / COMMENTS | |
| <input type="checkbox"/> APPROVED | START DATE | AMOUNT \$ |
| <input type="checkbox"/> ENROLLMENT NOTIFICATION | | DATE |

SPACE RESERVED
FOR COUNTY DATE STAMP