



ANNOUNCEMENT

ENROLLMENT FOR AUTOMATIC PAYMENTS FOR REAL PROPERTY TAXES

Good News!

The County of Maui is now offering an automatic payment program to its property owners. This will enable the taxpayers to make semi-annual tax payments that are automatically withdrawn from their bank account prior to the August 20th and February 20th billing due dates and credited to the property owner's account.

Eligibility

- ◆ Participant must be County of Maui property owner or its authorized agent, and;
- ◆ Does not currently pay taxes through a mortgage company.

Conditions

- ◆ The application along with a void check must be received in our office **no later than 15 days prior to the due date.**
- ◆ For any payment returned by the bank, there will be a Returned Item Fee of \$30.00 plus applicable fees (10% penalty and 1% interest per month).

How to Participate in this Auto Pay Program?

- ◆ Step 1. Download the Property Tax Auto-Pay Program Application Form at www.mauipropertytax.com and complete all required fields on the form.
- ◆ Step 2. Attach a voided check to the application form. Line of credit accounts, credit card checks or foreign fund checks **cannot** be used for this program.
- ◆ Step 3. Submit the completed application, which must be received in our office **no later than 15 days prior to the due date:**
 - ⇒ In person: Maui Mall, 70 E. Kaahumanu Avenue, Ste. A-18, Kahului, HI 96732
 - ⇒ By mail: Real Property Tax Collections, 70 E. Kaahumanu Avenue, A-18, Kahului, HI 96732
- ◆ Step 4. Once enrolled, property owner will receive an enrollment confirmation letter from the County of Maui. If the application is incomplete, the enrollment form will be returned to the property owner with an explanation of why it was not processed. If the enrollment confirmation letter was not received by the property owner, payments must be remitted using other payment options or contact our office.

Contact our office at (808) 270-7697 if you have any questions about this program.

IMPORTANT: If you wish to cancel your enrollment after the initial withdrawal of funds, you must notify the County in writing at least 30 days prior to the next scheduled billing due date. Taxpayers are responsible for ensuring that all account information provided to the County is accurate and funds are available. If you are enrolled in this Program and no longer owns the property, you must notify the County in writing at least 30 days prior to the next scheduled due date.



PROPERTY TAX AUTO-PAY PROGRAM APPLICATION

SECTION 1 - PROPERTY INFORMATION

1. Address a. _____ b. _____ c. _____
HOUSE NUMBER STREET NAME APARTMENT NUMBER

d. _____ e. _____ f. _____
CITY STATE ZIP CODE

2. Tax Map Key #s

SECTION 2 - APPLICANT INFORMATION

1. Property Owner(s) a. _____ b. _____
FIRST/LAST NAME FIRST/LAST NAME

Check here if additional page is attached for listing of owner(s) if property is owned by more than two (2) owners.

2. Requestor a. _____ b. _____
If different from Owner above. FIRST NAME LAST NAME

3. Contact Daytime Telephone No.: _____ **Email:** _____

4. Mailing Address a. _____ b. _____ c. _____
HOUSE NUMBER STREET NAME APARTMENT NUMBER

d. _____ e. _____ f. _____
CITY STATE ZIP CODE

SECTION 3 - 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.

ACCOUNT HOLDER'S NAME ACCOUNT HOLDER'S SIGNATURE DATE

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SECTION 4 - FINANCIAL INSTITUTION INFORMATION

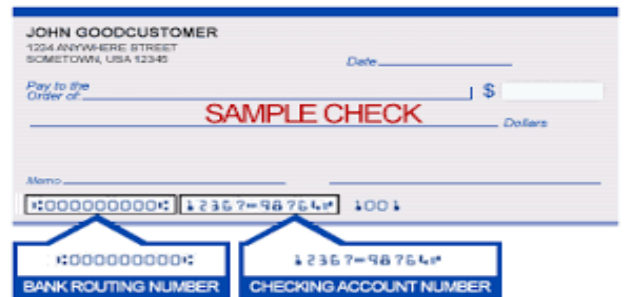
Please attach a voided check.

1. Routing Number _____

2. Checking Account Number _____

3. Bank Name _____

4. Bank Address _____



FOR OFFICIAL USE ONLY

Received by: _____ Log No: _____
NAME/SIGNATURE/DATE

Approved Denied Reason for Denial _____

SPACE RESERVED FOR COUNTY DATE STAMP