

**St. Francois County Collector of Revenue**

**Pre-Payment of Real Estate Property Taxes on a Monthly Basis  
(if not escrowing)**

**ENROLL NO LATER THAN DEC 31<sup>st</sup>**

- Current tax bills for property **MUST** be paid to enroll.
- Use the **base** amount of your previous year's real estate taxes, divided by the number of months left in the current year.
  - For example, if last year's base tax was \$1201.58 and:
    - Once enrolled, your plan starts in **January**, the amount per month would be \$109 (\$1202 divided by 11 months)
- The December payment will be adjusted to reflect the balance of the tax due based on the current year's bill. The balance must be paid by December 31<sup>st</sup>, to avoid late fees and penalties, or possible termination of the plan.
- **We accept the following payment option:**
  - You will need to authorize the Collector of Revenue to debit your bank account on the 5<sup>th</sup> or 20<sup>th</sup> of each month.
- **Please read and complete the Automated Payment Service (APS) form (on the second page of this form) and attach a voided check to enroll.**
- For additional information or forms, contact the Collector's office at 573-756-2645 or visit our website at [www.sfcgov.org/collector](http://www.sfcgov.org/collector)

I (we) \_\_\_\_\_ have read and understand the above information and wish to enroll in a payment plan for my (our) real estate property taxes. I (we) understand that all payments are due by December 31<sup>st</sup> and that the failure to make all required payments may result in late charges, and the termination of said payment plan. A **\$30** fee will be charged for any payment that is returned.

**Please print:**

Name (s) as shown on bill \_\_\_\_\_

Parcel # (include additional sheet if more than one parcel) \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone number \_\_\_\_\_ Cell number \_\_\_\_\_

Email address \_\_\_\_\_

***I (we) also understand that taxpayers wishing to cancel, amend, or suspend an installment plan must submit their request in writing to the St. Francois County Collector's Office.***

Signature (s) \_\_\_\_\_ Date \_\_\_\_\_

(All owners must sign)

❖ **THIS PLAN AUTOMATICALLY RENEWS EACH YEAR – NO NEED FOR RE-ENROLLMENT**

**Authorization Agreement for Automated Payments (APS Debits)**

**-This is a FREE service-**

I (we) hereby authorize the St. Francois County Collector of Revenue, hereinafter called **COLLECTOR**, to initiate debit entries to my (our) checking account/savings account (select one) indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same to such account and if necessary, initiate credit correction or adjustment entries to my (our) account. I (we) acknowledge that the origination of APS transactions to my (our) account must comply with the provisions of U.S. law. The taxpayer understands the failure to notify the **COLLECTOR** of any changes which result in a payment not being honored by the financial institution may result in late penalty and interest charges for which the taxpayer will be responsible. By signing this authorization form, the taxpayer agrees to participate in the **AUTOMATED PAYMENT SERVICE** program as outlined in this payment agreement until further notice. I (we) understand that should the regularly scheduled debit date fall on a weekend or a federal holiday, the debit shall occur on the following banking date.

Bank \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_ Account Type \_\_\_\_\_

**Choose the day you wish to have your account debited each month:      5<sup>th</sup>      or      20<sup>th</sup>**

This authorization is to remain in full force and effect until the **COLLECTOR** has received written notification from me or either of us) of its termination, amendment, or suspension, **no less than five days before the due date** as to afford **COLLECTOR** and **DEPOSITORY** a reasonable opportunity to act on it.

Printed Name(s) \_\_\_\_\_

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Home Phone number \_\_\_\_\_ Cell \_\_\_\_\_

Parcel # (include additional sheet if more than one parcel) \_\_\_\_\_

IMPORTANT: CURRENT TAX AMOUNTS WILL BE DEBITED TO THIS ACCOUNT IN EQUAL INSTALLMENTS IN JANUARY THROUGH NOVEMBER ACCORDINGLY UNLESS OTHERWISE NOTIFIED TO MAKE BILLS CURRENT. DECEMBER AMOUNT WILL BE BASED ON THE BALANCE OF TAX DUE.

NOTE: THE SIGNER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE COLLECTOR IN THE MANNER SPECIFIED ABOVE.

**\*A VOIDED CHECK MUST BE ATTACHED TO THIS FORM.**

**\*A \$30.00 FEE WILL BE CHARGED IF WE ARE UNABLE TO PROCESS AN INSTALLMENT PAYMENT DUE TO THE ACCOUNT BEING CLOSED OR INSUFFICIENT/UNAVAILABLE FUNDS.**