

Authorization for Direct Payment of Fillmore County Property Tax

Tax Property Information: (Please Print)

Taxpayer's Name(s): _____

9 Digit properties ID Number: **R.** _____. _____ . _____

9 Digit properties ID Number: **R.** _____. _____ . _____

9 Digit properties ID Number: **R.** _____. _____ . _____

9 Digit properties ID Number: **R.** _____. _____ . _____

9 Digit properties ID Number: **R.** _____. _____ . _____

9 Digit properties ID Number: **R.** _____. _____ . _____

(Please include a listing of all parcels to be included in this authorization. Use back of form if you have more parcels to include).

Taxpayer's Address _____

Taxpayer's Mailing Address _____

Taxpayer's City _____ State _____ Zip _____

Daytime Phone Number: _____

Home Phone Number: _____

Email Address (optional): _____

Financial Institution Name: _____

Type of Account, please check one: _____ Checking _____ Savings

Bank Routing Number: _____ Account Number: _____

**Include a voided check to verify the routing and account number.

I hereby authorize Fillmore County Auditor/Treasurer to automatically withdraw from the above named account for payment of real estate taxes for the parcel described above. **The automatic payment will be for the amount of property taxes due on the date they are due according to the parcel's property tax statement.** Payments will be automatically paid on May 15th, October 15th, or November 15th. This authorization is to remain in effect until the Fillmore County Auditor/Treasurer has received written notification to terminate or change this authorization by adding parcels, deleting parcels, changing financial institutions or Fillmore County requires termination and I am notified. I understand that failure to have sufficient funds on the date of debit will result in inability to remain in the program. I also agree to notify the Fillmore County Auditor/Treasurer of any change in this authorization at least 2 weeks prior to the debit date on my tax statement to request a change in plan participation. **I have also read the Fillmore County ACH Policy and Procedure document and been provided a copy of that document. I agree to all of the terms of that policy and procedures documented.**

Signature: _____ Date: _____

Signature: _____ Date: _____

Return form to: Fillmore County Auditor/Treasurer, P.O. Box 627, Preston, MN 55965