

Wadena County Auditor/Treasurer
415 Jefferson Street South, Room 225
Wadena, MN 56482-1595
Office: 218-631-7621
Fax: 218-631-7652



Return to:
Tammy Lupkes
218-631-7621
Tammy.lupkes@co.wadena.mn.us

Direct Payment Plan Authorization for Automatic Withdrawal

PROPERTY INFORMATION

Taxpayer's Name(s):

Parcel #: - -

Taxpayer's Name(s):

Parcel #: - -

**Additional Parcels may be added on the back. If necessary, please check box.

TAXPAYER'S CONTACT INFORMATION

Mailing Address:

City: State: Zip:

Daytime Phone Number: Home Phone:

Email Address:

BANK INFORMATION

The account information is as follows: **(Please provide a voided check providing the following information)**

Name(s) on Account:

Financial Institution Name:

Routing/Transit Number:

Account Number: Type: Checking: Savings:

AUTHORIZATION

I hereby authorize the Wadena County Auditor/Treasurer's Office to withdraw funds for payment of real estate taxes for the parcel(s) described above, by electronic transfer, from my (our) checking or saving account as listed above. I have attached a voided check or document from the financial institution that shows the routing and account number for the account from which funds are to be transmitted. This authorization will remain in effect until Wadena County has received written notification from me (us) and the County has reasonable time to act upon it, or Wadena County requires termination and notifies me.

I authorize the:

- Semi-annual deduction of Payments:
- May 1st & October 1st for Commercial & Residential
 - May 1st & November 1st for Agricultural

Signature: _____ Date: _____

Signature: _____ Date: _____

Direct Payment Plan Authorization for Automatic Withdrawal

ADDITIONAL PROPERTY INFORMATION

Taxpayer's Name(s):

Parcel #: - -

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Parcel #: - -