

# Wadena County Direct Payment Plan Authorization for Automatic Withdrawal

**Property Information:** (Please Print)

Taxpayer's Name (s): \_\_\_\_\_

Parcel # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Taxpayer's Name (s): \_\_\_\_\_

Parcel # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Taxpayer's Name (s): \_\_\_\_\_

Parcel # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\*\* Additional Parcels may be added on the back, if necessary please indicate: \_\_\_\_

**Taxpayer's Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby Authorize Wadena County to debit my (our) account for payment of real estate taxes for the parcel described above. I authorize the:

\_\_\_\_\_ Semi-annual deduction of Payments: May 1<sup>st</sup> & October 1<sup>st</sup> for Commercial & Residential  
May 1<sup>st</sup> & November 1<sup>st</sup> for Agricultural

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

Name (s) on Account: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Bank Routing/Transit Number: \_\_\_\_\_

Account# \_\_\_\_\_ Checking \_\_\_\_ Savings \_\_\_\_

This authority is to remain in effect until Wadena County has received written notification to terminate this authorization, or Wadena County requires termination and notifies me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

For Office use only

Payment Cycle: May 1<sup>st</sup> \_\_\_\_\_ October 1<sup>st</sup> \_\_\_\_\_ November 1<sup>st</sup> \_\_\_\_\_