Brown County
Direct Deposit
Application Form

On behalf of (below named entity) I have the authority to and hereby authorize Brown County to make payment of written claims submitted to Brown County by electronic deposit to the account listed below until this authorization is revoked in writing and upon reasonable notice to Brown County. I further authorize Brown County to electronically and with notice to deduct from this account any funds mistakenly deposited therein by Brown County.

I hereby declare that written claims submitted to Brown County are and will continue to be just and correct and that no written claim shall be submitted where such claim has already been paid. If any written claim submitted to Brown County has also been paid, I hereby authorize Brown County to electronically, and with notice, to deduct from this account any funds paid on a claim that has already been paid.

Application Information: Vendor Number (office use only) _____

Company Name or Individual _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Phone # _____

E-mail Address _____ (optional)

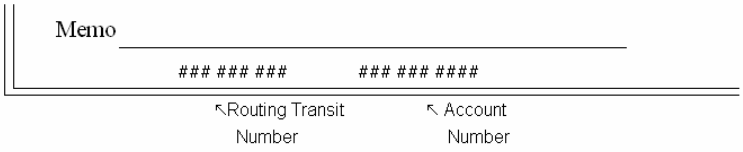
Bank Information:

Name of Bank _____

Routing Transit Number (9 characters) | | | | | | | | | |

Account Number |

(Please check one) ☐ Checking Account ☐ Savings Account



Account Holder's Signature _____ Date _____

To cancel direct payment option, please notify the Auditor-Treasurer office, prior to claim processing

Position if applicable). _____

Return To:
Brown County Auditor/Treasurer
14 South State Street
PO Box 115
New Ulm, MN 56073 (or fax to 507-359-1430)