



# Brown County Direct Payment Plan Authorization for Automatic Withdrawal

Property Information: (Please Print)

Taxpayer's Name(s): \_\_\_\_\_ ID # \_\_\_\_\_ Code: \_\_\_\_\_  
 14 Digit Property ID Number: [ ][ ][ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ]

Taxpayer's Name(s): \_\_\_\_\_ ID# \_\_\_\_\_ Code: \_\_\_\_\_  
 14 Digit Property ID Number: [ ][ ][ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ]

Taxpayer's Name(s): \_\_\_\_\_ ID# \_\_\_\_\_ Code: \_\_\_\_\_  
 14 Digit Property ID Number: [ ][ ][ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ]

\*Additional Parcels may be added on the back, if necessary please indicate:  Additions/Deletions may require a new contract to be signed.

<b>Taxpayer's Mailing Address</b>	Address: _____		
	City: _____	State: _____	Zip: _____
Daytime Phone Number	[ ][ ][ ]	( [ ][ ][ ] )	
Email (electronic notification will be provided at your request)	[ ][ ][ ]		
Home Phone	[ ][ ][ ]	( [ ][ ][ ] )	

I hereby authorize Brown 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 15<sup>th</sup> & October 15<sup>th</sup> for Commercial & Residential  
 May 15<sup>th</sup> & November 15<sup>th</sup> for Agricultural

*or*

- Quarterly deduction of payments:  
 April 15<sup>th</sup>, May 15<sup>th</sup>, Aug 15 & Oct. 15<sup>th</sup> for Commercial & Residential  
 April 15<sup>th</sup>, May 15<sup>th</sup>, August 15<sup>th</sup> & November 15<sup>th</sup> for Agricultural

\*\*\*If this date falls on a weekend, your account will be debited on the next business day.\*\*\*

The account information is as follows: (Please attach a voided check (not a deposit ticket) or savings slip providing the following information)

Name(s) on Account: \_\_\_\_\_  
 Financial Institution Name: \_\_\_\_\_  
 Bank Routing/Transit Number: \_\_\_\_\_ Account # \_\_\_\_\_

Checking *or*  Savings Account Type:  Personal *or*  Business

This authority is to remain in effect until Brown County has received **written** notification to terminate this authorization, or Brown County requires termination and notifies me. All requests must be made by **30 days prior** to tax due dates (as referenced above). **Any additions/cancellations will require a new contract to be signed.**

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

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

Please return the completed form to: Brown County Auditor-Treasurer's Office, PO Box 115, New Ulm, MN 56073-0115