

Wabasha County
Automated Clearing House
Payments Policy & Procedures

Policy

It is the policy of Wabasha County to accept payments for property tax through Automated Clearing House (known as ACH), as per Minnesota Statute 471.381 subd. 2. The cost to participate in the ACH payment program is free of charge. However, if at anytime an enrollee does not have sufficient funds to cover the payment or the account has been closed, they will be terminated from the program, along with a charge of \$25.00 for a non-sufficient funds fee.

ACH definition

ACH Processing (ACH - Automated Clearing House) is processing that occurs between a nationwide network of financial institutions that send electronic messages, via telecommunications lines instead of paper (checks), to transfer money between two parties. The most common ACH transactions are direct deposit, pre-authorized debits, cash concentration, and corporate to corporate payments.

Procedures

- The ACH program is administered and maintained by the office of the County Auditor/Treasurer.
- Any individual may request to make payment by ACH.
- The proper forms are required to be filed with the office of the County Auditor/Treasurer.
- The forms require banking information and payment type detail and a voided check provided by the payee if using a checking account. If using a savings account, bank documentation is required. (Example: copy of savings statement with savings balance whitted out) The form must be signed. All applications for the program are required at least 3 weeks prior to a scheduled debit.
- The office of the County Auditor/Treasurer prepares a file for the banking institution, which is the receiving bank, prior to the payment date. This file includes names, bank account and routing numbers and amounts to be debited. Payment will be taken out of taxpayers account up to 5 business days before the due date.
- In the case of property taxes, a reminder notice is mailed to the taxpayer approximately one week prior to the debit reminding the taxpayer of the amount of debit and the day the debit will take place.
- The office of the County Auditor/Treasurer verifies all incoming ACH payments, processes payments and issue appropriate receipts.
- Enrollees will remain in the program until a written request to withdraw is received by the office of the County Auditor/Treasurer, or until they are required to terminate due to a violation of the program. The office of the County Auditor/Treasurer will give written notification to individuals of their inability to remain in the program.

Wabasha County, Minnesota Authorization for Direct Payment of Property Taxes

Property Information:

Name and Address (as it appears on your tax statement(s)):

Daytime Phone Number () _____ - _____

Home Phone Number () _____ - _____

List all parcel numbers (from your tax statement) you wish to use direct payment for:

R ____ . ____ - ____ - ____ . ____
R ____ . ____ - ____ - ____ . ____
R ____ . ____ - ____ - ____ . ____

Account Information:

Name on Bank Account: _____

Bank Name: _____

Bank Address: _____

Bank Routing #: _____

Account #: _____

Type of Account: ____ Checking (send voided check) or
 ____ Savings (send bank documentation)

I hereby authorize the Wabasha County Auditor/Treasurer to automatically withdraw from the above named account twice annually to make payment for my property taxes. I agree for payments to come out of my account up to 5 business days before the due date. This authorization will remain in effect until I notify the Wabasha County Auditor/Treasurer, in writing, that I wish to change, add, or delete parcels. This authorization will become ineffective when Wabasha County terminates my eligibility and I have been notified in writing. I understand that failure to have sufficient funds in the account on the date of debit will result in termination of my right to use the direct payment program to pay my property taxes. I also agree to notify Wabasha County Auditor/Treasurer at least three weeks prior to debit date to request a change in plan participation.

Signature _____ Date _____

Please return this form to: Auditor/Treasurer
Wabasha County
625 Jefferson Ave
Wabasha MN 55981