

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 _____ . _____ . _____
M _____ . _____ . _____
P _____ . _____ . _____

Account Information:

Name on Bank Account: _____

Bank Name: _____

Bank Address: _____

Bank Routing #: _____

Account #: _____

Type of Account: _____ Checking or _____ Savings

Include a voided check to verify the routing and account number.

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