

ROCK COUNTY AUDITOR-TREASURER
204 E BROWN ST
PO BOX 509
LUVERNE MN 56156-0509



PHONE: (507) 283-5060
FAX: (507) 283-1343

ROCK COUNTY DIRECT PAYMENT PLAN FOR PROPERTY TAXES

The Direct Payment Plan is free, dependable and convenient. Take advantage of this service by filling out the authorization form below and attaching a voided check or savings slip.

Once you enroll, you authorize payments to be made from your checking or savings account on the following schedule:

- May 15 (All Property) 1/2 the annual tax payment
- October 15 (Non Ag Property) 1/2 the annual tax payment
- November 15 (Ag Property) 1/2 the annual tax payment

If the date falls on a weekend, your account will be debited on the next business day. Proof of payment will appear on your bank statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

AUTHORIZATION FOR DIRECT PAYMENT OF PROPERTY TAXES

PROPERTY INFORMATION

TAXPAYER
NAME _____
PARCEL
ID _____ - _____ - _____
MAILING
ADDRESS _____

PHONE NUMBER _____
E-
MAIL _____

ACCOUNT INFORMATION

BANK NAME _____
BANK ADDRESS _____
ROUTING NUMBER _____
ACCOUNT NUMBER _____
TYPE OF ACCOUNT SAVINGS CHECKING (CIRCLE ONE)

INCLUDE A VOIDED CHECK OR SAVINGS SLIP TO VERIFY ROUTING AND ACCOUNT NUMBER

I AUTHORIZE THE ROCK COUNTY AUDITOR-TREASURER TO AUTOMATICALLY WITHDRAW FROM THE ABOVE ACCOUNT TWICE ANNUALLY TO MAKE PAYMENT FOR MY PROPERTY TAXES. AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I NOTIFY THE ROCK COUNTY AUDITOR-TREASURER IN WRITING THAT I WISH TO CHANGE, ADD, OR DELETE PARCELS OR IF ROCK COUNTY REQUIRES TERMINATION AND I AM NOTIFIED. I UNDERSTAND THAT FAILURE TO HAVE SUFFICIENT FUNDS ON THE DATE OF THE DEBIT WILL RESULT IN THE INABILITY TO REMAIN IN THE PROGRAM.

SIGNATURE _____

DATE _____

RETAIN FOR YOUR RECORDS

ON _____ (DATE), I AUTHORIZED ROCK COUNTY TO AUTOMATICALLY WITHDRAW FUNDS FROM MY CHECKING OR SAVINGS ACCOUNT FOR THE PAYMENT OF PROPERTY TAXES. I ALSO AGREED TO ALL TERMS LISTED ON THE AUTHORIZATION FORM.

TO CANCEL WRITE TO: ROCK COUNTY AUDITOR-TREASURER
PO BOX 509
LUVERNE MN 56156-0509