

**Otter Tail County Direct Payment Plan
Authorization for Automatic Withdrawal**

Property Information: (Please Print)

Taxpayer's Name(s): _____
14 Digit Property ID Number: _____ - _____ - _____ - _____

Taxpayer's Name(s): _____
14 Digit Property ID Number: _____ - _____ - _____ - _____

Taxpayer's Name(s): _____
14 Digit Property ID Number: _____ - _____ - _____ - _____

*Additional Parcels may be added on the back, if necessary please indicate: _____

Taxpayer's Mailing Address:

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: () _____

E-mail (electronic notification will be provided at your request): _____

Home Phone: () _____

I hereby authorize Otter Tail 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 1st & October 1st for Commercial & Residential
May 1st & November 1st for Agricultural

The account information is as follows: (Please attach a voided check providing the following information)

Name(s) on Account: _____

Financial Institution Name: _____

Bank Routing/Transit Number: _____

Account # _____ Checking Savings

This authority is to remain in effect until Otter Tail County has received written notification to terminate this
authorization, or Otter Tail County requires termination and notifies me.

Signature: _____ Date: _____

Signature: _____ Date: _____

For Office Use Only

Payment Cycle: May 1st _____ October 1st _____ November 1st _____