



**Freeborn County Direct Payment Plan
Authorization for Automatic Withdrawal**

Property Information: (Please Print)

Taxpayer's Names(s):

9 Digit Property ID Number:

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

Taxpayer's Mailing Address	Address:
	City: State: Zip
Daytime Phone Number →	()
Home Phone →	()

I hereby authorize Freeborn County to debit my (our) account for payment of real estate taxes for the parcel(s) described above. I authorize the semi-annual deduction of payments:

- May 15th and October 15th for Commercial & Residential
- May 15th and November 15th for Agricultural

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

Name(s) on Account: _____

Financial Institution Name: _____

Bank Routing/Transit Number: _____

Account #: _____ Checking Savings

Return to: Freeborn County Auditor-Treasurer's Office
411 Broadway Avenue South
P.O. Box 1147
Albert Lea, MN 56007

I agree for payments to come out of my account up to 5 business days before the due date. 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 automatic withdrawal program to pay my property taxes. This authority is to remain in effect until Freeborn County has received written notification to terminate this authorization, or Freeborn County requires termination and notifies me.

Signature: _____ Date: _____

Signature: _____ Date: _____