



# Lake of the Woods County

206 8<sup>th</sup> Ave SE, Suite 270, Baudette, MN 56623 / Ph (218) 634-2361

## ACH PROPERTY TAX PAYMENT PLAN



CHECK ONE:     New Authorization     Change Account Information     Revoke/Terminate Authorization

By completing and signing this form, you authorize payments to be made to Lake of the Woods County from your account for Property Tax installments according to the schedule on the right.

	1st Half	2nd Half
Real Estate	May 15th	October 15th
Agricultural	May 15th	November 15th
Mobile Home	August 31st	November 15th

*Please note: If payment date falls on a weekend or holiday, the debit will occur on the next business day.*

### Authorization for Lake of the Woods County Property Tax ACH Payment Plan

\*Separate Authorization Form is required for each parcel\*

Property ID # \_\_\_\_\_  
 Property Address \_\_\_\_\_  
 Taxpayer Name \_\_\_\_\_  
 Taxpayer Mailing Address \_\_\_\_\_  
 Daytime Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_

*You must notify the County if your depository account changes*

*This agreement will be voided if your account has non-sufficient funds on installment date. You will also be charged a \$35.00 handling fee.*

CHECKING ACCOUNT *must include voided check*     SAVINGS ACCOUNT *must include withdrawal or deposit ticket*

Depository Name \_\_\_\_\_ *Bank must be located in the United States*  
 Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

I (we) hereby authorize Lake of the Woods County to electronically debit, via ACH, my (our) account for payment of property taxes for the parcel described above, from the named depository financial institution. I (we) agree that ACH transactions that I (we) authorize, comply with applicable law. I (we) understand that this authorization will remain in full force and effect until I (we) notify Lake of the Woods County **in writing** that I (we) wish to revoke/terminate authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### THIS SECTION TO BE COMPLETED ONLY WHEN REVOKING/TERMINATING AUTHORIZATION

I (we) hereby wish to revoke/terminate authorization for Lake of the Woods County to debit my (our) depository account for property tax installment payments.

Signature to revoke authorization \_\_\_\_\_ Date \_\_\_\_\_

*Mail completed forms to: Lake of the Woods Auditor/Treasurer  
206 8<sup>th</sup> Ave SE, Suite 270  
Baudette, MN 56623*

*Or email to: [connie\\_n@co.lotw.mn.us](mailto:connie_n@co.lotw.mn.us)*

\*PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS\*