



Pay Your Taxes the Easy Way!

Sign up today to participate in McLeod County's Direct Payment Plan for payment of Real Estate Taxes. The direct payment plan is free, dependable and convenient. To take advantage of this service, you simply need to fill out the authorization form below.

After you enroll, your checking or savings account is automatically debited the amount of your tax payment. The debit will be dated on the appropriate due date, May 15 and either October 15 or November 15. If this date falls on a weekend, your account would be debited on the next business day. You will stay in the program until you notify the McLeod County Auditor-Treasurer that you wish to withdraw. You may enroll at any time, but it is requested that you sign up at least 3 weeks prior to a payment date. If your tax is currently paid through an escrow account with your mortgage company, you are not eligible at this time. If your escrow status changes, you may enroll at a later time. If you have already registered for this service, there is no need to register again.

For more information contact the Office of the McLeod County Auditor-Treasurer at 320-864-1788

Return this completed form to:
**McLeod County Auditor-Treasurer
520 Chandler Avenue North
Glencoe, MN 55336**

Authorization for Direct Payment of Property Taxes

Property Information:

Taxpayer Name(s): _____

Parcel Number: R _____ . _____ . _____ (located at the top of your tax statement)

Taxpayer's Mailing Address: _____

(City) _____ (State) _____ (Zip) _____

Daytime Phone No. (_____) _____ - _____

Home Phone No. (_____) _____ - _____

E-Mail Address _____

Account Information:

Name on Bank Account _____

Type of Account **Personal** **Commercial**

Bank Name _____

Bank Address _____

Bank Routing # _____

Type of Account **Checking** **Savings** **Account No.** _____ **a**

Your bank can help you with the routing and account numbers.

****Include a voided check or deposit ticket to verify the routing and account number.****

I hereby authorize the McLeod County Auditor-Treasurer to automatically withdraw from the above named account twice annually to make payment for my property taxes. Authorization will remain in effect until I notify the McLeod County Auditor-Treasurer in writing that I wish to change, add or delete parcels or if McLeod County requires termination and I am notified. I understand that failure to have sufficient funds on the date of debit will result in inability to remain in the program. I also agree to notify the McLeod County Auditor-Treasurer at least three weeks prior to debit date to request a change in plan participation.

Signature _____ **Date** _____