



**Norman County Auditor/Treasurer's Office**  
 PO Box 266  
 Ada, MN 56510-0266

Phone: 218 784-5471  
 Fax: 218 784-4531  
 Web: www.co.norman.mn.us

**Norman County** is pleased to be able to offer you for your convenience  
 Direct Payment of your Property Taxes.

**ADVANTAGES**

- Save time writing and mailing checks
- Eliminate the worry of late payment/lost checks and associated penalties
- Be assured your tax payment is always made on time—even if you're working in the fields or out of town on business or vacation

**HOW DOES THE DIRECT PAYMENT PLAN WORK?**

- You will receive your tax statement in late March. You authorize payments to be made from your checking or savings account on May 15 and again on October 15 or November 15. If preferred, you can choose to have the full year's taxes paid on May 15. **\*Please check the appropriate line below to indicate when you want payments withdrawn.** Proof of payment will appear on your bank statement. Failure to have sufficient funds on date of debit will result in inability to remain in the program and a \$5 NSF Fee per parcel.
- **It is your responsibility to notify the Auditor-Treasurer's office if you buy or sell any parcels or change your bank account information.**

**TO ENROLL IN THE DIRECT PAYMENT PLAN**

- The authorization form must be received by the Norman County Treasurer's Office by April 15 for the first half taxes payable May 15 and September 15 for the second half due October or November 15.

**AUTHORIZATION:** Please fill out and return this portion to the  
 Norman County Auditor-Treasurer – PO Box 266, Ada MN 56510-0266 – or fax to 218 784-4531

I (We) authorize Norman County to initiate entries to debit my (our) account described below to make payment for my property taxes:

\* \_\_\_\_\_ **once annually on May 15; or**      \* \_\_\_\_\_ **twice annually on May 15 and October 15 or November 15**

Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

Financial Institution's Name \_\_\_\_\_

Financial Institution's Address \_\_\_\_\_

**ATTACH A VOIDED CHECK or SAVINGS SLIP THAT HAS THE BANK'S ROUTING or TRANSIT NUMBER INCLUDED**

This authority to remain in full force and effect until the County of Norman has written notification from me (or an authorized signatory on my account) of its termination in such time and manner as to afford Norman County a reasonable time to act on it.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

9 Digit Property ID Number:   -

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Additional Parcels may be listed on the back if necessary