

STUTSMAN COUNTY TREASURER

511 2nd Ave SE, Ste 101, Jamestown ND 58401 Phone: (701) 252-9036 Fax: (701)251-6309 E-Mail: stutreas@nd.gov

AUTOMATIC WITHDRAWAL AUTHORIZATION AGREEMENT

- This is a new authorization
- This is a change to an existing authorization

I authorize Stutsman County to initiate electronic debit entries, and if necessary, credit entries and adjustment for any debit/credit entries made in error each billing cycle to my financial institution. I (we) agree to have available funds in my (our) account on the designated date(s) to effect this transfer. This authorization will remain in effect until I have cancelled it in writing and agree to allow at least one week's notice to begin or cancel this agreement. Stutsman County may also terminate this agreement if necessary.

Effective Date of Authorization: _____

Frequency of Withdrawal (Check preference below):

If date(s) chosen fall on a Saturday, Sunday or holiday, this transfer will automatically be made on the following business day.

Monthly Day of Withdrawal (Check one): 1st ____ 5th ____ 15th ____ Amount: _____

Yearly Date/Day of Withdrawal: _____ Amount: _____

Withdraw on above date each year

Withdraw on above date First Year and notify use of date each subsequent year

Other Date(s) of Withdrawal: _____ Amount: _____

Special Instructions: _____

Apply payment to the following parcel # (s):

Checking Account

Savings Account

Name of your Financial Institution: _____

Address: _____

City, State, Zip code: _____

Transit Routing Number (from bottom of check)

“Staple Voided check here”

Account Number

Your Name (please print): _____

Name as it appears on checking/savings account: _____

Address: _____

City, State, Zipcode: _____

Phone: _____

SIGNATURE: _____ DATE: _____

Please fill out and return this form for cancellation of Automatic Bank Withdrawal agreement.

Mail to: Stutsman County Treasurer
511 2nd Ave SE
Jamestown ND 58401

Phone: (701)252-9036

Fax: (701)251-6309

I hereby authorize STUTSMAN COUNTY to cancel the above-described automatic entry effective as of:
(Date)_____

Your Name (please print):_____

Name as it appears on checking/savings account:_____

Address: _____

City, State, Zipcode:_____

Phone:_____

SIGNATURE:_____ DATE:_____