

# STUTSMAN COUNTY TREASURER

511 2<sup>nd</sup> Ave SE, Suite 101, Jamestown ND 58401 Phone: (701) 252-9036 Fax: (701)251-6309 E-Mail: [stutreas@nd.gov](mailto: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 \_\_\_\_ 5<sup>th</sup> \_\_\_\_ 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

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”

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Account Number

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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 2<sup>nd</sup> Ave SE Suite 101  
Jamestown ND 58401

Phone: (701)252-9036  
Fax: (701)251-6309

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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:\_\_\_\_\_