

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the Clay County Treasurer's Office and the financial institution named below to initiate entries to my (our) checking or savings account for real estate tax payments (April and October). This authority will remain in effect until I notify you in writing to cancel. Notification must be submitted by the 15th of April (for April payment), by the 15th of October (for October payment) to afford a reasonable opportunity to act on it.

(Name of Financial Institution)	(Branch)	
(City)	(State)	(Zip Code)
(Signature)	(Date)	
(Name - Please Print)		

Account Number _____ Checking ___ Savings ___

Financial Institution Routing Number _____
(9-digit number on bottom left of your check)

Office Use Only

Date received: _____ by _____

Date entered: _____

RETAIN FOR YOUR RECORDS

On _____ I authorized
(Date)

Clay County Treasurer's Office
211 W. Main St. Suite 201
Vermillion, SD 57069
Phone: 605-677-7123
email: treasurer@claycountysd.org

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.