

## 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 15<sup>th</sup> of April (for April payment), by the 15<sup>th</sup> of October (for October payment) to afford a reasonable opportunity to act on it.

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(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  
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Date received: \_\_\_\_\_ by \_\_\_\_\_

Date entered: \_\_\_\_\_

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### 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: [claytreas@mchsi.com](mailto:claytreas@mchsi.com)

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.