SWIFT COUNTY

Swift COUNTY MN

301 14th ST N
P.O. Box 207
Benson, MN 56215

Phone (320) 843-3544
Fax (320) 843-2275

e-mail:
treasurer@co.swift.mn.us

**Swift County** is making available a fast, convenient, hassle-free way to pay your property taxes with the Direct Payment Plan.

With this convenient program, you can have your property tax payment automatically deducted from Your checking or savings account at your financial institution on a semi-annual basis.

**The Direct Payment Plan will help you:**

- Save time writing and mailing checks
- Save money in postage and bank fees
- 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 authorize payments to be made from your checking or savings account according to the following schedule:

| | |
|---|---|
| *May 15 | ½ of the annual tax payment |
| *October 15 (Non Ag parcels) | ½ of the annual tax payment |
| *November 15 (Ag parcels) | ½ of the annual tax payment |

Proof of payment will appear on your bank statement. The authority you give Swift County to charge your account will remain in effect until YOU notify us in writing to terminate the authorization

**Take advantage of this service by completing the attached authorization form and return it to us by the following dates:**

| | |
|---|---|
| April 15th | For first ½ taxes payable May 15th |
| September 15th | For second ½ taxes due Oct 15th or Nov 15th |

I (We) authorize Swift County to initiate entries to debit my (our) account described below:

Checking Account # _____Savings Account #_____

Financial Institution's Name _____
Financial Institution's Address_____

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

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

Signature _____Signature _____

Printed Name _____Printed Name _____
Date _____ Date _____
Phone # _____ Phone # _____

For Swift County use: ID # _____ Parcel ID # _____

Optional**email address_____