



AUTHORIZATION FOR DIRECT DEPOSIT - POLITICAL SUBDIVISIONS

OFFICE OF STATE TREASURER

SFN 14772 (Rev. 2-2016)

POLITICAL SUBDIVISION/DEPOSITOR

Political Subdivision/Depositor: Sample City		Telephone Number: (701) 555-5555	
Address: (Street) 123 Main St	City: Sample	State: ND	ZIP Code: 58888
Name of Authorized Representative: Jane Doe	Title of Authorized Representative: Auditor	Fax Number: (701) 555-5556	
Signature of Authorized Representative: <i>Jane Doe</i>		Date Signed: 3/1/2016	

This authorization revokes any prior payment directive for the below distribution. I understand both the financial institution which is designated and I herein reserve the right to cancel this agreement by notice to each other. However, this authorization will remain in effect with the Office of State Treasurer until canceled by written notice from me to the Office of State Treasurer.

A separate form needs to be completed when more than one account number or type of account is designated.

Check all that apply		OFFICE OF STATE TREASURER'S DISTRIBUTIONS	
<input type="checkbox"/> 2015 HB 1012 Section 8 (Township Distribution)	<input type="checkbox"/> Flood Control (Public Law 33 USC 701c-3)		
<input type="checkbox"/> Airline (N.D.C.C. 57-32-04)	<input type="checkbox"/> Forest Service (25% Fund Act of 05-23-1908, Title 16, US Code, Sect 500)		
<input type="checkbox"/> Carbon Dioxide Pipeline (N.D.C.C. 57-06-17.2)	<input type="checkbox"/> Highway (N.D.C.C. 54-27-19)		
<input type="checkbox"/> City Cigarette Tax (N.D.C.C. 57-36-31)	<input type="checkbox"/> Homestead (N.D.C.C. 57-02-08.1)		
<input checked="" type="checkbox"/> City/County Sales (N.D.C.C. 57-01-02.1)	<p style="color: red; text-align: center;">Only check distributions you would like to change or add.</p> <p style="color: red; text-align: center;">Any existing authorizations will remain in effect for distributions left unchecked.</p> <p style="color: red; text-align: center;">Can submit multiple forms to have different distributions deposited into different accounts.</p>		
<input checked="" type="checkbox"/> City Motor Vehicle Rental (N.D.C.C. 57-01-02.1)			
<input checked="" type="checkbox"/> City Occupancy (N.D.C.C. 57-01-02.1)			
<input checked="" type="checkbox"/> City Restaurant/Lodging (N.D.C.C. 57-01-02.1)			
<input type="checkbox"/> Coal Conversion (N.D.C.C. 57-60-14)			
<input type="checkbox"/> Coal Conversion Shortfall (N.D.C.C. 57-60-14)	<input type="checkbox"/> Tribal Cigarette (Tribal Agreement)	1-15 & Tribal Agreement)	
<input type="checkbox"/> Coal Severance (N.D.C.C. 57-62-02)	<input type="checkbox"/> Tribal Highway (Tribal Agreement)	6-14)	
<input type="checkbox"/> Coal Severance Tipple Share Reimbursement (N.D.C.C. 57-62-02(2)(b)(5))			
<input type="checkbox"/> Disabled Veteran's Homestead (N.D.C.C. 57-02-08.1)			
<input type="checkbox"/> Electric Transmission Line (N.D.C.C. 57-33.1-08)			
<input type="checkbox"/> Electrical Generation Transmission (N.D.C.C. 57-33.2-18)			
<input type="checkbox"/> Financial Institution (N.D.C.C. 57-35.3-09)			

FINANCIAL INSTITUTION

Name of Financial Institution: Sample City Bank			
Address: (Street) 120 Main St		City: Sample	State: ND
ZIP Code: 58888			
Depositor's Account Number: 123456789	ABA Routing Number: 0 9 1 2 3 4 5 6 7	Type of Account: (Check one) <input checked="" type="checkbox"/> 22 Checking <input type="checkbox"/> 32 Savings	
I request the named tax distribution I receive from the Office of State Treasurer be forwarded directly to the financial institution named herein for deposit to the account listed.			
The payee has the right to cancel this authorization, and we reserve the right to cancel this agreement by notice to the payee.			

Retain copies for your records and send original to:

Office of State Treasurer
600 East Boulevard Avenue
Bismarck, ND 58505-0600
Telephone (701) 328-2643
FAX (701) 328-3002