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Equal Opportunity Employer

Direct Payment Cancellation Form

SHETEK AREA WATER AND SEWER DISTRICT

You are welcome to cancel/terminate authorization for the Direct Payment Plan anytime during the year, but to ensure funds are not withdrawn from your account we need written notification at least 2 weeks before a utility bill due date.

Parcel Number(s) - as indicated on your property tax statement(s)

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>

Note: Only specified parcels will be canceled from the Direct Payment Plan. If you have multiple parcels in the program, please review parcel numbers to be certain you are canceling the direct payment plan for the correct parcel(s).

Taxpayer Name: _____

Phone # _____ Email * (optional): _____

* If you provide your email address, you will receive an email confirmation of your cancellation upon being processed.

I hereby cancel participation in the direct payment plan for the above parcel(s).

Signature: _____ Date: _____

This form may be printed and returned to the Auditor Treasurer's office via mail, in person, or via email to any of the emails listed at the top of this form. If you email the form, you will receive a email confirmation of your cancellation being processed.

Office Use Only

Received by: _____

Date received: _____