



AUTHORIZATION FOR DIRECT DEPOSIT - POLITICAL SUBDIVISIONS

OFFICE OF STATE TREASURER

SFN 14772 (7-2024)

POLITICAL SUBDIVISION/DEPOSITOR

Political Subdivision/Depositor			Telephone Number	
Address (Street)		City	State	ZIP Code
Name of Authorized Representative	Title of Authorized Representative	Email Address		
Signature of Authorized Representative			Date	

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. The Office of State Treasurer will accept an electronic signature and printed name on the form.

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"/> 2020 CARES Act Funding (COVID-19)	<input type="checkbox"/> Highway (N.D.C.C. 54-27-19)	<input type="checkbox"/> Homestead (N.D.C.C. 57-02-08.1)	<input type="checkbox"/> Large Facility Development Fund Distribution (N.D.C.C. 57-39.2-26.4)
<input type="checkbox"/> 2021 HB 1505, Section 7 County Funding	<input type="checkbox"/> American Rescue Plan Act of 2021	<input type="checkbox"/> Legacy Earnings Highway Distribution Fund (N.D.C.C. 54-27-19.3)	<input type="checkbox"/> Legacy Earnings Township Highway Aid Fund (N.D.C.C. 54-27-19.4)
<input type="checkbox"/> Airline (N.D.C.C. 57-32-04)	<input type="checkbox"/> Carbon Dioxide Pipeline in Lieu of Taxes (N.D.C.C. 57-06-17.2)	<input type="checkbox"/> Mineral Royalty (N.D.C.C. 15.1-27-25)	<input type="checkbox"/> Municipal Infrastructure Fund (N.D.C.C. 57-51.1-07.7)
<input type="checkbox"/> City Cigarette Tax (N.D.C.C. 57-36-31)	<input type="checkbox"/> City/County Sales (N.D.C.C. 57-01-02.1)	<input type="checkbox"/> Oil and Gas Gross Production (N.D.C.C. 57-51-15 and and Tribal Agreement)	<input type="checkbox"/> Oil Extraction (N.D.C.C. 57-51.1-07 and Tribal Agreement)
<input type="checkbox"/> City/County Sales (N.D.C.C. 57-01-02.1)	<input type="checkbox"/> City Motor Vehicle Rental (N.D.C.C. 57-01-02.1)	<input type="checkbox"/> Prepaid Wireless E-911 Fee (N.D.C.C. 57-40.6-14)	<input type="checkbox"/> Primary Residence Credit (N.D.C.C. 57-02-08.9)
<input type="checkbox"/> City/County Occupancy (N.D.C.C. 57-01-02.1)	<input type="checkbox"/> City/County Restaurant/Lodging (N.D.C.C. 57-01-02.1)	<input type="checkbox"/> Senior Mill Levy (N.D.C.C. 57-15-56.5 & 57-39.2-26.2)	<input type="checkbox"/> State Aid (N.D.C.C. 57-39.2-26.1)
<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"/> Taylor Grazing (N.D.C.C. 15.1-27-24)	<input type="checkbox"/> Telecommunications (N.D.C.C. 57-34-05)
<input type="checkbox"/> Coal Severance (N.D.C.C. 57-62-02)	<input type="checkbox"/> Coal Severance Tipple Share Reimbursement (N.D.C.C. 57-62-02(2)(b)(5))	<input type="checkbox"/> Township Road and Bridge (N.D.C.C. 54-27-19.1)	<input type="checkbox"/> Tribal Alcohol (N.D.C.C. 57-39.10-07 & N.D.C.C. 57-39.10-09)
<input type="checkbox"/> County Aid Distribution Fund (N.D.C.C. 57-39.2-26.3)	<input type="checkbox"/> County & Township Infrastructure Fund (N.D.C.C. 57-51.1-07.8)	<input type="checkbox"/> Tribal Cigarette (Tribal Agreement)	<input type="checkbox"/> Tribal Highway (Tribal Agreement)
<input type="checkbox"/> Disabled Veteran's Homestead (N.D.C.C. 57-02-08.8)	<input type="checkbox"/> Electric Transmission Line (N.D.C.C. 57-33.1-08)	<input type="checkbox"/> Tribal Sales (N.D.C.C. 57-39.8-02)	
<input type="checkbox"/> Electric Generation Transmission (N.D.C.C. 57-33.2-18)	<input type="checkbox"/> Flood Control (Public Law 33 USC 701c-3)		
<input type="checkbox"/> Forest Service (25% Fund Act of 05-23-1908, Title 16, US Code, Sect 500)			

FINANCIAL INSTITUTION

Name of Financial Institution				
Address (Street)		City	State	ZIP Code
Depositor's Account Number	ABA Routing Number	Type of Account (check one) <input 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
Dept. 120
Bismarck, ND 58505-0600

Telephone (701) 328-2643
Fax (701) 328-3002
Email: treasurer@nd.gov