



# AUTHORIZATION FOR DIRECT DEPOSIT - POLITICAL SUBDIVISIONS

OFFICE OF STATE TREASURER

SFN 14772 (12-2024)

## 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		<b>OFFICE OF STATE TREASURER'S DISTRIBUTIONS</b>	
<input type="checkbox"/> Airline (N.D.C.C. 57-32-04)	<input type="checkbox"/> American Rescue Plan Act of 2021	<input type="checkbox"/> Carbon Dioxide Pipeline in Lieu of Taxes (N.D.C.C. 57-06-17.2)	<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"/> City Motor Vehicle Rental (N.D.C.C. 57-01-02.1)	<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"/> 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"/> 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"/> 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"/> 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"/> Electrical 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)	<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"/> 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"/> 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"/> Oil and Gas Gross Production (N.D.C.C. 57-51-15 and Tribal Agreement)	<input type="checkbox"/> Oil Extraction (N.D.C.C. 57-51.1-07 and Tribal Agreement)
<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. 57-02-08.10)	<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"/> Taylor Grazing (N.D.C.C. 15.1-27-24)	<input type="checkbox"/> Telecommunications (N.D.C.C. 57-34-05)	<input type="checkbox"/> Township Road and Bridge (N.D.C.C. 54-27-19.1)	<input type="checkbox"/> Tribal Alcohol (Tribal Agreement, N.D.C.C. 57-39.10-07 and N.D.C.C. 57-39.10-09)
<input type="checkbox"/> Tribal Cigarette (Tribal Agreement)	<input type="checkbox"/> Tribal Highway (Tribal Agreement)	<input type="checkbox"/> Tribal Sales (N.D.C.C. 57-39.8-02)	

## 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](mailto:treasurer@nd.gov)