



Authorization to remove from automatic Direct Payment

Name _____

Address _____

City, State, Zip _____

(Please print legibly)

With this form, I hereby request that Sibley County Auditor-Treasurer remove my name and account from the Direct Payment Program for the following parcel numbers:

_____	_____
_____	_____
_____	_____
_____	_____

Signed _____ Date _____