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St. Louis County Auditor
100 N. 5th Ave. W. #214
Duluth, MN 55802-1293
(218) 726-2380

Direct Deposit Authorization for Electronic Funds Transfer (EFT)

Instructions for completing this form are attached.

*****IMPORTANT*** - Please attach a voided check when returning form so we can verify bank information. If you do not have a check, please provide a copy of a statement or other document from your bank that includes name, address, and account information.**

Mailing Address (General)

☐ New Vendor ☐ New Bank Information ☐ Change Bank Information

Name

Address

City

State ZIP Code Vendor Number

Vendor # can be found in upper right corner of letter

Contact Information

Contact Name

Email Address

Phone: Fax

Email address is required as this is how you will be notified of payments

Tax Identification Information

Federal ID Number OR Social Security Number

Federal ID Name OR SSN Name

Financial Institution Information NOTE. *Do not use "\", "*", or "~" in any fields in this section-Replace with spaces.*

ABA Routing Number

Customer Account Number

Financial Institution Name

Street Address

City State Zip Code

Type of Account: ☐ Checking ☐ Savings

Authorization to Make Electronic Fund Payments

I authorize the St. Louis County Auditor to deposit, by electronic fund transfer, payments owed to me by the St. Louis County Auditor and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Auditor shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

I consent to and agree with the National Automated Clearing House Association Rules and Regulations regarding electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

Authorized Signature	Printed Name	Title	Date

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How to Complete the Electronic Fund Transfer (EFT) Authorization Form

Determine which bank accounts will be used for direct deposit. A separate copy of the Electronic Fund Transfer Authorization form is required for each bank account.

Mailing Address (General)

1. New Vendor/New Bank Information/Change Bank Information - select one
   - *New Vendor* - new vendor doing business with the St. Louis County Auditor for the first time.
   - *New Bank Information* - an existing vendor with a new EFT set-up request.
   - *Change Bank Information* - currently receive electronic payments and need to change the bank information, bank name or bank account.
2. Name, Address, City, State, Zip Code
   - Enter the name of the business or individual, address, city, state and zip code.
3. Vendor Number
   - If you received this form with a letter, this 8-digit number is located under the date, in the upper right hand corner of the letter.

Contact Information

1. Contact Name
   - Enter the name of the person who can respond to questions regarding the information provided on this form.
2. Email Address
   - Enter the email address where the payment notifications should be sent. **This is a required field.**
3. Phone + Extension and FAX Number
   - Enter the phone number (including area code) of the contact person.
   - Enter the FAX number of the contact person.

Tax Identification Information

1. Federal ID/Social Security Number
   - Enter your business' nine-digit Federal Employer Identification Number (FEIN) or if you do not have a FEIN, enter your nine-digit Social Security Number (SSN).
2. Federal ID/SSN Name
   - Enter the name associated with the Federal Employer Identification Number (FEIN) or Social Security Number (SSN).

Financial Institution Information

1. ABA Routing Number
   - Enter the ABA Routing Number to identify your bank (designates bank's location, name, Federal Reserve district and area within the district). Contact your bank if you are not sure what number to put in this field.
2. Customer Account Number
   - Enter your business' bank account number.
3. Financial Institution Name
   - Enter the name of your bank.
4. Street Address, City, State, Zip Code
   - Enter the Street address, city, state and zip code of your bank.
5. Type of Account - select one
   - *Checking* - the bank account is a checking account. *Savings* - the bank account is a savings account.

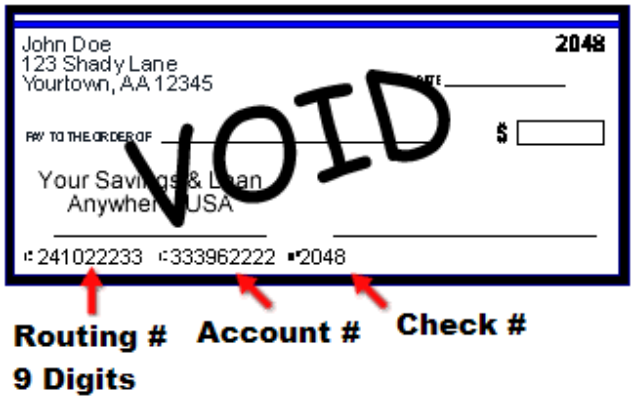
Authorization to Make Electronic Fund Payments

- Sign the form. An unsigned form may delay processing. Print your name.
- Print your title (*Treasurer, Parent, etc.*) Enter today's date.

Send the Form

St. Louis County Auditor
Attention: Rae Ann Solem
100 N. 5th Ave. W. #201
Duluth, MN 55802-1293

FAX number (218) 726-2537 ~ OR ~
Email: SolemR@stlouiscountymn.gov

Questions About the Form? Call Sarah Walkowiak at the St. Louis County Auditor's Office (218) 726-2023.

IMPORTANT - Please include a voided check when returning this form. See example on right for an example of a voided check and information on where to find the routing and account numbers. If you do not have a check, please provide a copy of a statement or other document from your bank that includes name, address, and account information.