

Completing the Direct Deposit Authorization for Electronic Fund Transfer (EFT) Form

Notice of Intent to Collect Private Data

All payment recipients are asked to provide the private data listed on this form to the Department of Finance for the following purposes. State employees who support this function of the state's accounting system may have access to the data, provided their work reasonably requires access. Others who have legal access to the data include: Legislative Auditor, Attorney General, enforcement agencies with statutory authority, and any other person or entity authorized by law or court order.

Social Security Number (SSN) or Federal Employee Identification Number (FEIN): Needed for identification purposes. This number is used to match recipients with payments. This number is also called a Tax Identification Number or TIN number. You are not legally required to provide this data. However, incomplete or incorrect information may cause a delay in converting to EFT.

ABA Routing Number, Account Number, Account Type: This data is required to correctly deposit payments to your designated bank account. You are required by law to provide this information. Incomplete information may cause a delay in converting to EFT. Additionally, incorrect information may cause a payment to be delayed or deposited to the wrong account.

Instructions for Completing the 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. Name, Address, City, State, Zip Code. Enter the name of the business or individual, address, city, state, and zip code.
2. Vendor Number. Enter the eleven-digit vendor number, if you know it. If you received this form with a letter, this number is located under the date. If you received this form with a duplicate warrant, the number is located above your name and is listed as "Vendor Number" and "Vendor Location."
3. Banking Information Change Request. Check this box if you already receive payments electronically and are changing your bank and/or account number.

Contact Information

Enter the name, email address, phone and FAX number of the person who can respond to questions regarding the information provided on this form.

Tax Identification Information

1. Federal ID/ Social Security Number and Name. Enter the nine-digit Federal Employer Identification Number (FEIN) for business, or the nine-digit Social Security Number (SSN). Enter the name associated with either the FEIN or SSN listed on the form.
2. MN State ID Number. For businesses located in Minnesota, enter the MN state tax identification number.

Financial Institution Information

1. ABA Routing Number. Enter the ABA Routing Number to identify your financial institution. Contact your bank if you are not sure what number to put in this field.
2. Customer Account Number. Enter your bank account number. Contact your bank if you are not sure what number to put in this field.
3. Financial Institution Name, Address, City, State, Zip Code. Enter the name and address of your financial institution.
4. Type of Account. Indicate if the account listed on this form is a checking or savings account.

Authorization to Make Electronic Fund Payments

Sign the form to complete. Print your name and title (if any) and date.

Send the Form

You can mail the form or fax it to the Department of Finance.

Minnesota Department of Finance
Agency Assistance/System Support
658 Cedar Street, Ste. 400
St. Paul, MN 55155

FAX number: (651)296-1707

Questions about this Form?

Call the Minnesota Department of Finance HelpLine at (651) 201-8106.

