



# Direct Deposit Authorization for Electronic Funds Transfer AAP Bank Change Request

File Maintenance  
400 Centennial Office Bldg  
658 Cedar Street  
St Paul, MN 55155

EFT Helpline 651-201-8106  
Fax 651-797-1305  
[efthelpline.mmb@state.mn.us](mailto:efthelpline.mmb@state.mn.us)

**Instructions for completing this form are on the back.**

**Please print clearly and use black ink.**

**Mailing Address (General)**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Vendor Number \_\_\_\_\_ Location \_\_\_\_\_

**Contact Information - Please list person who can respond if additional information is required.**

Contact Name \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Email Address for Payment Notification \_\_\_\_\_  
 (if different than above)  
 Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Tax Identification Information**

Parent's SSN # \_\_\_\_\_ Parent's SSN # \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

**Current Financial Institution Information \*\*\*THIS INFORMATION IS REQUIRED\*\*\* Enter bank info we are currently depositing pmt to**

ABA Routing Number \_\_\_\_\_  
 Customer Account Number \_\_\_\_\_

**New Account Information**

ABA Routing Number \_\_\_\_\_  
 Customer Account Number \_\_\_\_\_ This account must be a joint account.  
 Financial Institution \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, ZIP Code \_\_\_\_\_  
 Type of Account:      Checking       Savings

**Authorization to Make Electronic Fund Payments**

I authorize the Commissioner of Minnesota Management & Budget to deposit, by electronic fund transfer, payments owed to me by the State of Minnesota and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Commissioner 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 and the Commissioner's Rule about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

Parent Signature	Printed Name	Date
Parent Signature	Printed Name	Date

# 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 private data to Minnesota Management & Budget for the following purposes.

State employees who support this function of the state's accounting system need to access the data to verify information. 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, without this information we cannot convert you 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. 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."

## 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.

## Current Financial Institution Information

This information is required to verify that we are changing the correct account.

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.

## New Account 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 and print your name and title (if any) and the date. *Both parents must sign this form.*

## Send the Form

You can mail the form or fax it to Minnesota Management & Budget.

Minnesota Management & Budget

File Maintenance - EFT

658 Cedar Street, Ste. 400

St. Paul, MN 55155

FAX number: (651) 797-1305

## Questions about this Form?

Call the Minnesota Management & Budget EFT Helpline at (651) 201-8106 or [efthelpline.mmb@state.mn.us](mailto:efthelpline.mmb@state.mn.us)