Donald Dicklich 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.

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

Mailing Address (General)				
New Vendor	New Bank Information	Change Bank Infor	mation	
Name				
Address				
City				
State	ZIP Code	Vendor Number		Vendor # can be found in upper right corner of letter
Contact Information				orietter
Contact Name				
Email Address				Email address is requir as this is how you will
Phone:	Fax			notified of payments
Tax Identification Information				
Federal ID Number	OR Social Security N	Number		
Federal ID Name	OR SSN Na	me		
Financial Institution Information N	OTE. Do not use "\", "*", or "~" in ar	ny fields in this section-Repla	ce 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 Electro	nic Fund Payments			
I authorize the St. Louis County A the St. Louis County Auditor and, electronically in error. The Audito designated above. I recognize th authorization form, the processing transferred electronically. I consent to and agree with the N regarding electronic transfers as adopted, amended or repealed.	if necessary, debit entries and a or shall deposit the payments in a lat if I fail to provide complete an g of the form may be delayed or ational Automated Clearing Hou	adjustments for any amou the financial institution an d accurate information or my payments may be err se Association Rules and	ints deposited d account in this coneously	
Authorized Signature	Printed Name	Title	Date	
	11		1	

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.

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.
- 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 title (*Treasurer, Parent, etc.*)

Print your name. Enter today's date.

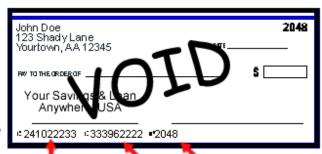
Send the Form

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

Questions About the Form? Call Marcus Karki at the St. Louis County Auditor's Office (218) 725-5110.

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.

FAX number (218) 725-5060



Routing # Account # Check # 9 Digits