



Metropolitan Council
390 North Robert St
St Paul, MN 55101
Attn: Charlene LaMusga

Direct Deposit Authorization for Electronic Funds Transfer (EFT)

Email: Charlene.Lamusga@metc.state.mn.us

Please print clearly and use only BLUE or BLACK ink.

Mailing Address (General)

Name _____

Address _____

City _____

State _____ ZIP Code _____ Vendor Number* _____

Banking Information Change Request *Internal use for Vendor Number field

e-Mailing Remittance Information

Contact Name _____

Email Address _____

Phone _____ Ext. _____ FAX _____

Tax Identification Information

Federal ID / Social Security Number _____

Federal ID / SSN Name _____

MN State ID Number 00 _____ (If a business located within Minnesota)

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

Financial Institution Name _____

Street Address _____

City, State, ZIP Code _____

ABA Routing Number _____

Bank Account Number _____

Type of Account: Checking Savings

Authorization to Make Electronic Fund Payments

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electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.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