



Anoka County

FINANCE & CENTRAL SERVICES DIVISION

Respectful, Innovative, Fiscally Responsible

GOVERNMENT CENTER • 2100 3rd AVENUE • ANOKA • MN 55303-5029

(763) 324-1700 • Fax (763) 324-1799

AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENT (Direct Deposit ACH)

Company or Individual Information

* Name:	Federal ID:	
* Address:		
* City:	* State:	* Zip:
* Remittance (e-mail) Address:		
* Account Contact:		
* Telephone:	Fax Number:	

Financial Institution Information

* ABA Routing Number:

* Customer Account Number:

Financial Institution Name:
Street Address:
City, State, ZIP Code:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Attach/Scan a voided check to this form and mail/email or FAX to:

Anoka County Finance & Central Services Attn: PEID

2100 3rd Ave, Suite 300, Anoka, MN 55303

Phone: 763-324-1700 FAX: 763-324-1799 Email: PEID@co.anoka.mn.us

Official Use Only

Vendor # _____

Date Entered _____

EFT Authorization

On behalf of the above named payee, I have the authority to and hereby authorize Anoka County to credit electronic fund transfer payments owed to me or my organization by Anoka County and, if necessary debit entries and adjustments for any amounts deposited electronically in error. Anoka County shall credit the payments to 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.

This EFT authorization is to remain in effect until the payer has received written notification of termination in such time and manner as to afford the payer and the payer's bank reasonable opportunity to act. It is the sole responsibility of the payer to notify Anoka County in writing of any bank account changes and/or closures a minimum of 30 days in advance. This notification requires a written documentation on the payer's letterhead and/or a new EFT Authorization Form to be submitted to Anoka County.

I consent to and agree that the ACH transactions authorized herein shall be subject to the provisions of the National Automated Clearing House Association Rules and Regulations and Anoka County policies 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electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.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

* Required information