



HR Office:
702 3rd Ave South
Virginia, MN 55792 218.749.2912
or 800.662.5711

Contact Information:

Name:
Address:
City/State/Zip:
Email address:
Phone:
Social Security Number:

Primary Account Information:

Routing Number:
Account Number:
Financial Institution:
Address:
City/State/Zip:
Account Type: Checking Savings

Secondary Account Info (if applicable):

Routing Number:
Account Number:
Financial Institution:
Address:
City/State/Zip:
Account Type: Checking Savings
Dollar Amount (required): \$

***You will receive an email that will guide you in uploading either a voided check or a letter from your bank containing the account and routing number. ***

Authorization to make Electronic Fund Payments

I authorize Arrowhead Economic Opportunity Agency (AEOA) to deposit, by electronic fund transfer, payments owed to me and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. AEOA 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 authorized 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 Associations Rules & Regulations 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electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.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:
Date: