

Direct Deposit Authorization Electronic Funds Transfer

For Internal Use Only

AEOA Department

Employee Name

Fiscal Office
702 3rd Ave South
Virginia, MN 55792

For assistance with this form:
218.749.2912 or 1.800.662.5711

Mailing Address

Name/Business Name

Contact Name

Address

City

State

Zip Code

Email address

Phone

Tax Identification Information

Federal ID/Social Security Number

1099 Needed Yes No

Contractors/Vendors must return a completed W-9 with this form.

Account Information

Routing Number

Account Number

Financial Institution

Street Address

City

State

Zip Code

Account Type Checking Savings

You must attach a voided check or deposit ticket

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. Arrowhead Economic Opportunity Agency (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electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.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