

# MINNESOTA FIRST ACH TRANSACTION AUTHORIZATION FORM

I hereby authorize **Minnesota First** to initiate an automatic debit of my account designated below for payment or deposit. I may revoke or cancel this authorization by notifying **Minnesota First** in writing at least ten (10) days prior to termination. Any change to the bank account or to a new financial institution will require a new Minnesota First ACH Transaction Authorization Form.

I wish to: Enroll \_\_\_\_\_ Withdraw \_\_\_\_\_ Change Bank Information \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Minnesota First Account Number: \_\_\_\_\_

Debit Date\*: \_\_\_\_\_ Debit Amount: \_\_\_\_\_

Monthly: \_\_\_\_\_ Bi-Weekly: \_\_\_\_\_ Weekly: \_\_\_\_\_

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\*If the debit date falls on a weekend or holiday, the ACH Debit Transaction will take place on the next business day.  
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## BANK/DEPOSITORY INFORMATION

Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*\*\*Please Attach Voided Check\*\*\*\***  
**A VOIDED CHECK MUST BE ATTACHED TO ENROLL**  
**OR CHANGE BANK ACCOUNTS**