



EDUCATION MINNESOTA
DIRECT DEPOSIT AUTHORIZATION

Full Legal Name: _____

Address: _____

Bank Name/Branch: _____

Bank Routing # (9 digits): _____

Account Number: _____

The undersigned hereby requests and authorizes the entire amount of my expense report each month to be deposited directly into the bank account named above. In the event Education Minnesota deposits funds erroneously into my account, I authorize Education Minnesota to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Education Minnesota has received written notice from me of its termination in such time and in such manner as to afford Education Minnesota and Bank reasonable opportunity to act on it.

Signature

Date

E-mail address

(Please attach a copy of voided check)