



# Direct Deposit Authorization for Electronic Funds Transfer (EFT)

Please upload this form to your RentHelpMN account at:  
apply.renthelpmn.org

or mail to:

RentHelpMN

**Document Services Center**

1055 American Boulevard, Suite A

Bloomington, MN 55420

Fax: 952-285-2318

**Instructions for completing this form are on the back.  
Please print clearly and use black ink.**

### Mailing Address (General)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

### Contact Information - Please list person who can respond if additional information is required.

Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Email address for payment notification \_\_\_\_\_  
(if different from above)

Phone    -    -     Ext

### Tax Identification Information

Federal ID/Social Security Number

Federal ID/Social Security Name \_\_\_\_\_

### Financial Institution Information

*Note: Do not use /, \, \*, - or ~ in any fields in this section.*

*Replace with spaces.*

ABA Routing Number

Customer Account Number

Financial Institution

Street Address

City, State, ZIP Code

Type of Account:      Checking       Savings

### Authorization to Make Electronic Fund Payments

I authorize the Minnesota Housing Finance Agency, Dakota County, Hennepin County, Ramsey County, Washington County, and the cities of Minneapolis and Saint Paul, and their successors and assigns, collectively referred to as RentHelpMN, to deposit, by electronic fund transfer, payments owed to me by RentHelpMN and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. RentHelpMN 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 authorization form, the processing of the form may be delayed or my payments maybe erroneously transferred electronically.

I consent to and agree with the National Automated Clearing House Association Rules and Regulations and RentHelpMN's Rule 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electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.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
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# Completing the Direct Deposit Authorization for Electronic Fund Transfer (EFT) Form

## Notice of Intent to Collect Private Data

All payment recipients are asked to provide private data to the Minnesota Housing Finance Agency, Dakota County, Hennepin County, Ramsey County, Washington County, the cities of Minneapolis and Saint Paul, and their successors and assigns, hereafter referred to collectively as RenHelpMN, for the following purposes.

State employees who support this function of the state's accounting system need to access the data to verify information. Others who have legal access to the data include: Legislative Auditor, Attorney General, enforcement agencies with statutory authority, and any other person or entity authorized by law or court order.

Social Security Number (SSN) or Federal Employee Identification Number (FEIN): Needed for identification purposes. This number is used to match recipients with payments. This number is also called a Tax Identification Number or TIN number. You are not legally required to provide this data. However, without this information we cannot convert you to EFT.

ABA Routing Number, Account Number, Account Type: This data is required to correctly deposit payments to your designated bank account. You are required by law to provide this information. Incomplete information may cause a delay in converting to EFT. Additionally, incorrect information may cause a payment to be delayed or deposited to the wrong account.

## Instructions for Completing the Form

Determine which bank accounts will be used for direct deposit. A separate copy of the Electronic Fund Transfer Authorization form is required for each bank account.

## Mailing Address (General)

Name, Address, City, State, Zip Code. Enter the name of the business or individual, address, city, state, and zip code.

## Contact Information

Enter the name, email address, and phone number of the person who can respond to questions regarding the information provided on this form.

## Tax Identification Information

Federal ID/ Social Security Number and Name. Enter the nine-digit Federal Employer Identification Number (FEIN) for business, or the nine-digit Social Security Number (SSN). Enter the name associated with either the FEIN or SSN listed on the form.

## Financial Institution Information

1. ABA Routing Number. Enter the ABA Routing Number to identify your financial institution. Contact your bank if you are not sure what number to put in this field.
2. Customer Account Number. Enter your bank account number. Contact your bank if you are not sure what number to put in this field.
3. Financial Institution Name, Address, City, State, Zip Code. Enter the name and address of your financial institution.
4. Type of Account. Indicate if the account listed on this form is a checking or savings account.

## Authorization to Make Electronic Fund Payments

Sign the form and print your name and title (if any) and the date.

## Send the Form

Please upload this form to your RentHelpMN account at: [apply.renthelpmn.org](http://apply.renthelpmn.org)

or mail to:  
RentHelpMN  
Document Services Center  
1055 American Boulevard, Suite A  
Bloomington, MN 55420

or  
Fax: 952-285-2318

To change your ACH payment information complete a new ACH form and upload to your RentHelpMN account, or mail or fax the form using the information above.