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St Paul, MN 55114
P: 612-861-7115
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[www.mnadopt.org](http://www.mnadopt.org)

**Vendor ACH Authorization Form**

I (we) hereby authorize MN ADOPT to electronically debit entries to my (our) checking/savings accounts at the financial institution listed below (FINANCIAL INSTITUTION), and, if necessary, initiate adjustments (debit/credit) for any transaction credited/debited in error. I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

**Required**: (choose one)

[ ] Business Account

[ ] Personal Account

**Financial Institution**: Click or tap here to enter text.

[ ] Checking Account

[ ] Savings Account

**Routing Number**:Click or tap here to enter text.

**Account Number**: Click or tap here to enter text.

**Name(s) on the Account:** Click or tap here to enter text.

I (we) understand that this authorization will remain in full force and effect until I (we) notify MN ADOPT in writing that I (we) wish to revoke this authorization. I (we) understand that MN ADOPT requires at least seven days prior notice in order to cancel this authorization.

**Name(s**) Click or tap here to enter text.

(Please Print)

**Date** Click or tap to enter a date.

**Signature(s):**

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