MINNESOTA RIVER AREA AGENCY ON AGING, INC.

201 North Broad Street, Suite 102

Mankato, MN 56001

MNRAAA

Direct Deposit ACH Authorization Form

I (we) hereby authorize the Minnesota River Area Agency on Aging, Inc. (MNRAAA) to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits). At the depository financial institution name below (Depository). I (we) agree that ACH transaction I (we) authorize comply with all applicable law.

Organization/Community Name: _____

Depository Name: _____

Routing Number: _____

Account Number: _____

Name(s) on the Account: _____

Email Address to Receive Payment Notification: _____

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

Name(s): _____ _____

(Please Print) (Please Print)

Date: _____

Signature(s): _____ _____

Include a Void Copy of your Organization's/Communities Deposit, Check or Other approved Bank Document