



MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
DRIVER AND VEHICLE SERVICES

Phone: (651) 205-4141 TTY: (651) 282-6555 Fax: (651) 797-1187  
Visit us: [drive.mn.gov](http://drive.mn.gov)

**Electronic Funds Transfer (EFT) Authorization**

- No Canadian Bank transfers; United States bank transfers only.
- **To be completed by authorized signer, only.**
- This is a **one time authorization**, not to be used for future transactions.
- **If a fraud filter is on file with your bank, please notify your bank of the following company ID number:**  
DVS Fees: G416007162  
U.S. Bank: E987654321

Indicate appropriate fees to be paid, the dollar amount authorized to be deducted from your bank account and the vehicle identification number for the vehicle the fees are being applied to.

**SELECT ONE:**

IRP/IFTA fees for account number:

or

Vehicle Identification Number on permit:

Temporary registration or fuel permit fees

Fee amount authorized to be deducted: \_\_\_\_\_ Plus \$1.50 EFT/ACH service fee payable to U.S. Bank

**A \$30 service charge is assessed on dishonored payments (Minn. Stat. §§ 604.112-113(2))**

**Dishonored payments may result in suspension and/or revocation of your registration and the requirement of future payments to be in the form of certified funds.**

**INFORMATION REQUIRED TO PROCESS EFT**

**Print bank account name (name printed on check) and provide copy of a voided check for bank account verification.**

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

*I certify that I am an authorized signer on the bank account listed below, with the authority to grant this authorization on behalf of the bank account holder. I authorize Minnesota Department of Public Safety to initiate a one-time electronic debit entry to the account in payment of the current taxes due. Once fees have been paid the payment cannot be cancelled.*

Bank account authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EFT/ACH Debit Bank Information**

**Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Payment Information:**

Bank name: \_\_\_\_\_

Select account type:  Checking  Savings      Is this a business account?  Yes  No

Bank 9-digit routing number:

Bank account number:

**Tennessee Warning**

**What is the purpose of supplying the requested information?**

The Department of Public Safety ("DPS") collects the information on this form for record keeping purposes as required by the Minnesota Government Data Practices Act, Minn. Stat. § 13.04(2).

**Am I required to provide the requested information?**

You are not legally required to complete this form.

**What will happen if I do not provide the requested information?**

You can refuse, however, DPS will consider your application incomplete, and cannot process your EFT authorization.

**Who will have access to the requested information?**

DPS may disclose personal information when it relates to the operation or use of a vehicle or to public safety. The use of personal information relates to public safety if it concerns the physical safety or security of drivers, vehicles, pedestrians or property. The personal information you provided for EFT authorization is classified by 18 U.S.C. § 2721 and the Minnesota Government Data Practices Act, Minn. Stat. § 16A.626 and is subject to the disclosure in accordance with these laws.

**Print Full Name of Authorized Signer:** \_\_\_\_\_  
(person signing to authorize fees to be deducted)

\*\*\*This area below signature area left intentionally blank\*\*\*