



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

445 Minnesota Street
Saint Paul, MN 55101-5188
Phone: (651) 205-4141 TTY: (651) 282-6555 Fax: (651) 797-1187
Web: dvs.dps.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. section 604.112-113, Subd. 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: _____

Print Full Name of Authorized Signer: _____

(person signing to authorize fees to be deducted)