



**MINNESOTA PRAIRIE
COUNTY ALLIANCE**
COMMUNITY SERVICES OF DODGE, STEELE & WASECA COUNTIES

DIRECT DEPOSIT APPLICATION FORM

NEW ENROLLMENT DISCONTINUE CHANGE

On behalf of (below named entity), I have authority to and hereby authorize Minnesota Prairie County Alliance (MNPrairie) to make payment of written claims submitted to MNPrairie by electronic deposit to the account listed below until this authorization is revoked in writing and upon reasonable notice to MNPrairie. I further authorize MNPrairie to electronically and without notice to deduct from this account any funds mistakenly deposited therein by MNPrairie.

I hereby declare that written claims submitted to MNPrairie are and will continue to be just and correct and that no written claim shall be submitted where such claim has already been paid. If any written claim submitted to MNPrairie has also been paid, I hereby authorize MNPrairie to electronically, and without notice, deduct from this account any funds paid on a claim that has already been paid.

Application Information: *Vendor Number (MNPrairie use only)* _____

Company Name or Individual _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____
(to receive notice of deposit)

Bank Information:

Name of Bank _____

Routing Transit Number (9 characters)
(First set of digits under MEMO line)

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Account Number
(Second set of digits under MEMO line)

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(Please check one) ___ Checking Account ___ Savings Account

INCLUDE A VOIDED CHECK BLANK OR A LETTER FROM YOUR BANK (referencing routing/account information)

Account Holder's Signature _____ Date _____

Position (if applicable) _____

DODGE SITE
22 6TH STREET EAST
DEPT. 401
MANTORVILLE, MN 55955

STEELE SITE
630 FLORENCE AVENUE
PO BOX 890
OWATONNA, MN 55060

WASECA SITE
299 JOHNSON AVENUE SW
SUITE 160
WASECA, MN 56093