



Electronic Funds Transfer (EFT) Authorization

Deputy Registrar Stamp

Carrier Name	Phone number	IRP/IFTA Account	Date of transaction(s)
Contact name and phone number (if different from above)			

Check Fees to be paid using EFT: No Canadian bank transfer; US bank transfers only

IRP Supp number: _____ Fee Amount: \$ _____

IFTA fees Fee Amount: \$ _____

Trip/Fuel/ Registration Permits Fee Amount: \$ _____

Fee Totals: \$ _____

I certify that I am a signer on the account listed below, with the authority to grant this authorization on behalf of the above named carrier. I authorize the Minnesota Department of Public Safety to initiate a one-time electronic debit entry to the account in payment of the current taxes due.

A \$30 service charge is assessed on dishonored payment (Minnesota Statutes, section 604.113, subdivision 2). Dishonored payment will result in certified fund requirement for this IRP/IFTA account.

Print Bank Account Owner name (Name on Check)	Title
Bank Account Authorized signature	Date

EFT/ACH Debit Bank Information:

Bank Name	
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Account Type: Checking Savings

Routing Number:

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Account Number:

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Mail or fax completed form and voided blank check to:
Minnesota Department of Public Safety
445 Minnesota Street
Saint Paul, Minnesota 55101-5188
Fax: 651.215.0027