



## EDUCATION MINNESOTA PAC EXPENSE REPORT DIRECT DEPOSIT AUTHORIZATION

\_\_\_\_\_  
Full Legal Name

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

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Bank Name/Branch

Bank Routing # (9 digits)

\_\_\_\_\_  
Account Number

The undersigned hereby requests and authorizes the entire amount of my expense report each month to be deposited directly into the bank account named above. In the event Education Minnesota PAC deposits funds erroneously into my account, I authorize Education Minnesota PAC to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Education Minnesota PAC has received written notice from me of its termination in such time and in such manner as to afford Education Minnesota PAC and Bank reasonable opportunity to act on it.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Email address