



# Hennepin County Office of Budget & Finance

## Accounts Payable Section

### Automated Clearinghouse (ACH) Enrollment

Complete this form and return it to: **Hennepin County - Accounts Payable**  
**Government Center MC 131**  
 OBF.Internet@hennepin.us OR **300 South 6<sup>th</sup> Street**  
**Minneapolis MN 55487-0131**

**Payee Name**

**Address**

**City / State / Zip Code**

**Area Code & Phone Number**

**E-mail Address for Remittance Advice**

New ACH Enrollment

- or -

Account Change - Required:

Routing # to remove \_\_\_\_\_ Account # to remove \_\_\_\_\_

**I authorize Hennepin County and the financial institution listed below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account listed below for the purpose of receiving payment for billed goods/services. I understand that payment will be made by an ACH transaction and that the remittance information will be sent via email. Remittance information will not be provided in any other format. This authority will remain in effect until canceled in writing.**

**Type of account:**

**Checking – Enclose a voided blank check (preferred) or print the account and routing numbers legibly below.**

**Savings – Print the account and routing numbers legibly below**

**Financial Institution**

**Account Number at Financial Institution** (not needed if enclosing a voided blank check)

**Transit Routing Number (ABA)**  
 (not needed if enclosing a voided blank check):

|    |  |  |  |  |  |  |  |  |  |  |    |
|----|--|--|--|--|--|--|--|--|--|--|----|
| I: |  |  |  |  |  |  |  |  |  |  | I: |
|----|--|--|--|--|--|--|--|--|--|--|----|

**Authorized By – Print Name, Title & Date**

**Authorized Signature**



## HENNEPIN COUNTY CONTRACTOR AFFIRMATIVE ACTION (AA) CLASSIFICATION

The information requested below is used internally by Hennepin County to monitor and report on participation in county contracting. Your cooperation in completing this form is greatly appreciated. Vendors who do not complete this information may be contacted by Hennepin County to provide the information requested. If you have questions completing this side of the form, please call: (612) 348-3181.

**1) Company type - check one:**

- Publicly held company<sup>1</sup>
  - Non-profit entity
  - Government entity
  - Other
- } *If you chose one of these, **STOP HERE.***
- } *If you chose "Other" please answer all remaining questions.*

**2) Are you a small business certified by the CERT Program<sup>2</sup>?**

- Yes
- No

**3) Check one:**

- Veteran-Owned Business certified by the MnDOA<sup>3</sup>
- Service Disabled Veteran-Owned Business certified by the MnDOA<sup>3</sup>
- NOT a MnDOA<sup>3</sup> certified Veteran-Owned Business

**4) Check one gender of majority owner:**

- Male
- Female
- Nonconforming

**5) Check one ethnicity/race of majority owner<sup>4</sup>:**

- Black/African American
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- White/Caucasian

<sup>1</sup> **A Publicly Held Company** is a company whose stock is traded on the open market.

**<sup>2</sup> Small Business Enterprise Certification:**

While certification is not necessary to do business with Hennepin County, only CERT certified businesses can be counted toward the goal for Small Business Enterprise (SBE) participation in county contracting. Certification also boosts market exposure and qualifies businesses to access SBE program services. For further information about certification, please call 651-266-8900 or visit the Central Certification (CERT) Program's website at: <https://cert.smwbe.com/>

**<sup>3</sup> Veteran-Owned Business Certification:**

While certification is not necessary to do business with Hennepin County, only the participation of businesses recognized as certified by the State of Minnesota Department of Administration can be counted as a Veteran-Owned Business (VOB) or Service Disabled Veteran-Owned Business (SDVOB) for county purposes. For further information about certification and advantages thereof, please contact the Office of Equity and Procurement (OEP) at: (651) 296-2600 or visit:

<https://mn.gov/admin/business/vendor-info/oep/sbcp/>

**Ethnicity and Racial Group Definitions:**

**Black/African American:** All persons having origins in any of the Black racial groups of Africa.

**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American descent or other Spanish culture of origin, regardless of race.

**Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands, including, for example, China, Japan, Korea, Hawaii, Guam, the Philippine Islands and Samoa.

**American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain tribal affiliation or community attachment.

**White/Caucasian:** All persons with origins in any of the original peoples of Europe, North Africa or the Middle East.