



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
Transportation Local Option Sales Tax

Local Government Name	
Special District Name	
Direct Contact Name	
Direct Contact Phone No.	
Direct Contact Email	
Address	
City	
State	
Zip Code	

Deposit Information (Provide Depository Bank information - or - Georgia OST Investment pool fund number):

Depository Name	
Depository Phone Number	
ABA/Transit Routing Number	
Account Number	

(Please provide a voided check or if one is not available provide validation from the bank (on bank letterhead) that the above information is correct for ACH transfers)

- OR -

Georgia Investment Pool Fund Number	
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(if applicable)

The undersigned authorizes the Georgia State Financing and Investment Commission, to direct transfer to the above listed account and to make correcting entries if needed. I certify that I am authorized to receive the county/city transportation local option sales tax proceeds, and that I have read and understood the instructions and procedures. We also hereby acknowledge that we are solely responsible for notifying the Georgia State Financing and Investment Commission in writing of any changes in banks or accounts.

 Signature of Chief Elected Official

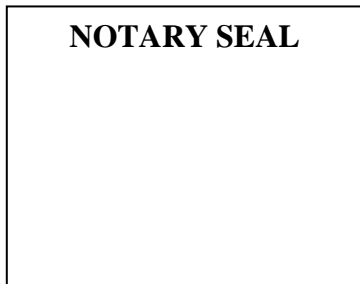
 Printed Name and Title

 Date

 Signature of authorized official

 Printed Name and Title

 Date



Sworn to and subscribed before me this _____ day of _____ 20_____.

 (Notary Public)



**INSTRUCTIONS FOR COMPLETING AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
Transportation Local Option Sales Tax**

The Georgia State Financing and Investment Commission requires that this form be fully completed in order to remit your County or City transportation sales tax distribution by ACH Credit directly into your local bank account or State Treasury Investment Pool (Georgia Fund 1) account.

This form **MUST** be signed by the Chief Elected Official of the governing authority.

This form **MUST** be NOTARIZED. The notary **CANNOT** be a person listed elsewhere on this form.

We can accept only **ORIGINAL** forms with **ORIGINAL** signatures to set up or change an account.

Please submit completed original form for initial account set-up no later than September 30, 2018 to:

Georgia State Financing and Investment Commission, Financing and Investment Division, 270 Washington Street, SW, Suite 2140, Atlanta, GA 30334.

Please allow us at least five (5) business days after receipt of this completed form for any subsequent account changes.

If you do not have a Georgia State Treasury Investment Pool Account and would like to participate in this program, please contact the Office of Treasury and Fiscal Services at 800-222-6748 or 404-656-2168. You can read more information on the Investment Pool and Georgia Fund 1 at the Office of the State Treasurer's website at <http://ost.georgia.gov/forms-and-information>.

CANCELLATION OR MODIFICATION:

The agreement represented by this authorization may be cancelled or modified by the County or City by submitting written notification to the Georgia State Financing and Investment Commission no later than forty-five (45) days prior to the effective date of such cancellation or change. Submit the cancellation or modification to:
Georgia State Financing and Investment Commission
Financing and Investment Division
Attention: Kelly Zurbrugg
270 Washington Street SW, Suite 2140
Atlanta, GA 30334-9056

If you have any questions or comments concerning these procedures please contact us by phone at (404) 463-5705, or by email at eTIA@gsfic.ga.gov