



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
Transportation Local Option Sales Tax

Local Government Name _____
Special District Name _____
Direct Contact Name _____
Direct Contact Phone No. _____
Address _____

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 validation from the bank (on bank letterhead) that the above information is correct for ACH transfers)

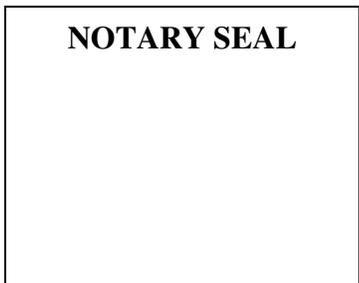
- OR -

Georgia Investment Pool Fund Number _____
(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 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 to make 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, 270 Washington Street, SW, Suite 2140, Atlanta, GA 30334.

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