



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

LOCAL GOVERNMENT NAME \_\_\_\_\_

Address \_\_\_\_\_

**TSPLOST**

Depository Name \_\_\_\_\_

ABA/Transit Routing Number \_\_\_\_\_

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

(include a voided copy of check)

- OR -

Investment Pool Fund Number \_\_\_\_\_  
(if applicable)

*The undersigned authorizes the State of Georgia, Department of Revenue, 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/school system tax distributions identified above, and that I have read and understood the instructions and procedures. We also hereby acknowledge that we are solely responsible for notifying the Department of Revenue in writing of any changes in banks or accounts.*

\_\_\_\_\_  
Signature of authorized official                      Printed Name and Title                      Date

\_\_\_\_\_  
Signature of authorized official                      Printed Name and Title                      Date

**PLEASE READ CAREFULLY**

**INSTRUCTIONS FOR COMPLETING THIS FORM**

The Georgia Department of Revenue requires that this form be fully completed in order to remit your County, or City sales tax distribution by ACH Credit directly into your local bank account or State Treasury Investment Pool account. Each local jurisdiction desiring to participate in this program must complete a separate application form for each type of local sales tax (LOST, SPLOST, ELOST, HOST, TSPLOST).

If you do not have a 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 Treasury and Fiscal Services website at <http://ost.georgia.gov/georgia-fund-1>.

**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 Department of Revenue no later than forty-five (45) days prior to the effective date of such cancellation or change. Submit the cancellation or modification to:  
Georgia Department of Revenue, Local Government Services Division, Attn: Sales Tax Distributions, 4125 Welcome All Road, Atlanta, Georgia 30349.

If you have any questions, please call 404-724-7004.