



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

LOCAL GOVERNMENT NAME _____

District _____

Address _____

City, State Zip Code _____

Telephone Number _____

Email _____

RAILROAD EQUIPMENT

Depository Name _____

ABA/Transit Routing Number _____

Account Number _____

(include a voided copy of check)

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. I also hereby acknowledge that the local government identified above is 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, City, or School System Railroad Equipment distribution by ACH Credit directly into your local bank account or State Treasury Investment Pool account.

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, City, or School System 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: Central Assessment, 4125 Welcome All Road, Suite 701, Atlanta, Georgia 30349.

If you have any questions, please call 404-724-7008.