



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

**SCHOOL DISTRICT NAME**

\_\_\_\_\_

**Address** \_\_\_\_\_

**Education Local Option Sales Tax (ELOST)**

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 School District distribution 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 School District ELOST distribution by ACH Credit directly into your local bank account.

**CANCELLATION OR MODIFICATION:**

The agreement represented by this authorization may be cancelled or modified by the School District 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: Distributions, 4125 Welcome All Road, Atlanta, Georgia 30349.

If you have any questions, please call 404-724-7004. Please submit to: [Localgovt.services@dor.ga.gov](mailto:Localgovt.services@dor.ga.gov)