

**INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSIT OF STATE WARRANTS**

PLEASE TYPE

SECTION 1

- A.** Indicate whether the transaction is to add a new authorization, to change an existing authorization, or to delete an authorization.
- B.** Enter the complete name and address of the company or individual participating in the EFT program.
- C.** Enter your company's Federal Tax Identification number or your Security number if you, as an individual are participating.

SECTION 2

- A.** Enter the name and address of the ACH member financial institution authorized to conduct transaction. The requirements of the Uniform Depository Act, Chapter 135 of the Ohio Revised Code, are applicable to EFT banking transactions.
- B.** Indicate the type of account and enter the financial institution's Transit Routing/ABA number in the spaces provided. This is a nine digit number that is shown on your check. It may also be obtained by contacting your financial institution and requesting its Transit Routing/ABA number.
*****If you elect to deposit in a checking account, please attach one of your checks with the signature space cut out or marked "void".**
- C.** Enter the account number to which the EFT transactions are to be accredited. If less than 17 characters are needed, begin at the left margin and leave any unused spaces blank.

Forward the signed authorization form with voided check (if applicable) to:

OHIO DEPARTMENT OF DEVELOPMENT
URBAN DEVELOPMENT DIVISION
ATTN: MONICA STEFANOFF
77 S. HIGH STREET, 26TH FLOOR
COLUMBUS, OH 43215-6130

If you have any questions, call Monica Stefanoff at (614) 995-1916.