STATE OF OHIO – OFFICE OF BUDGET & MANAGEMENT

30 E. BROAD STREET, 34th FLOOR
COLUMBUS, OHIO 43215 - 3457
http://www.obm.ohio.gov/

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF STATE WARRANTS

- To sign up for EFT, please **TYPE or PRINT** the information requested in **SECTION 1 and 2**. Then sign, date and return it to State Accounting - Office of Budget & Management.
- Any account changes must be reported to the State Accounting's Office thirty (30) days prior to actual change.
- Payee must keep the State Accounting's Office informed of any address and bank changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1

A. **TYPE OF TRANSACTION:** ☐ **ADD** ☐ **CHANGE** ☐ **DELETE**

B.

NAME OF COMPANY OR INDIVIDUAL **COUNTY** **(AREA CODE) TELEPHONE**

ADDRESS **CITY** **STATE** **ZIP CODE**

C.

FEDERAL TAX ID OR SOCIAL SECURITY OR IF EMPLOYEE (E-CODE) #

SECTION 2

A.

FINANCIAL INSTITUTION NAME **COUNTY** **(AREA CODE) TELEPHONE**

ADDRESS **CITY** **STATE** **ZIP CODE**

B. **TYPE OF ACCOUNT** **SAVINGS** ☐ **CHECKING** ☐

TRANSIT ROUTING / ABA NUMBER

C.

ACCOUNT NUMBER AT ABOVE INSTITUTION

- Whereby authorize the State Accounting's Office to initiate credit entries to our account in the financial institution identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. We additionally authorize the financial institution to credit or debit the same to our account.
- This authority is to remain in effect until revoked by us in writing to the State Accounting's Office.
- Please attach a cancelled check for checking accounts or a "spec sheet" from your financial institution for savings accounts.

Applicant Signature

Type Name Date (M/d/yy)

Do Not Write Below This Line – For State Accounting's Use Only

Date Received			Vendor ID Number								Date Entered	Initials