



Office of the State Treasurer

200 Piedmont Avenue, Suite 1204, West Tower
Atlanta, Georgia 30334-5527
ost.georgia.gov

Lynnette T. Riley
State Treasurer

(404) 232-7157
FAX (404) 656-9048

ELECTRONIC TRANSFER AUTHORIZATION FORM

Customer Name: _____

	Georgia Fund 1 Account #	Bank Account Title	Bank ABA#	Bank Account Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Please complete the bank information for each of the accounts that appear on the resolution for each Georgia Fund 1 account that you wish to be included in the electronic fund transfer program. This form authorizes the Office of the State Treasurer (OST) to debit the bank accounts listed for LGIP contributions.

Please verify ACH instructions with your financial institution before completing this form and verify that an ACH Debit Block is NOT placed on your account. If there is a block on the account, please provide your bank our Company ID 1581125844, which will allow the OST to debit the account. If you have any questions, please call Nora Wolfe at 404-463-6696.

This form does not need to be notarized but the authorizing signature must be someone on the current resolution.

The form can either be faxed back to 404-657-9066 or emailed to accounting@treasury.ga.gov. The original does not need to be mailed.

Authorizing Signature

Date