



Office of the State Treasurer

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ost.georgia.gov

Lynnette T. Riley
State Treasurer

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ACH 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.				

If you wish to be included in the ACH funds transfer program, please complete the bank information for each of the accounts that appear on the resolution for each Georgia Fund 1 account. 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 two Company IDs: 1581125844 & 2581125844. This will allow OST to debit the account. If you have any questions, please email accounting@treasury.ga.gov.

We do not wish to participate in the ACH funds transfer program for all of our accounts or for the following accounts: _____. We understand that we will be responsible for sending a wire for any contributions made to a Georgia Fund 1 account not included in the ACH funds transfer program.

This form does not need to be notarized but the authorizing signature must be someone on the current resolution. Any changes to this form can be faxed to 404.657.9066 or emailed to accounting@treasury.ga.gov. The original does not need to be mailed.

Authorizing Signature

Print Name

Date