

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

SECTION 1

- A. Place a check-mark to indicate the type of transaction:
“Add” indicates a **new** authorization
“Change” indicates a **change** to an existing authorization
“Delete” indicates a request for **termination** of direct deposit
- 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 Social Security number if you, as an individual are participating. If you are a state employee, please enter your e-code number.

SECTION 2

- A. Enter the name and address of the financial institution authorized to conduct transaction.
- B. Place a check-mark to indicate the type of account to which funds are to be deposited. 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.
- 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 along with a copy of a cancelled check for a checking account or “spec sheet” from your financial institution for a savings account to:

STATE ACCOUNTING – OHIO OFFICE OF BUDGET & MANAGEMENT
30 EAST BROAD STREET, 34TH FLOOR
COLUMBUS, OHIO 43215 – 3457
ATTENTION: VENDOR COMPLIANCE UNIT

An e-mail version of this form is not acceptable as a signature is required. If you have any questions, please send an e-mail to the State Accounting’s Office at OBM.Vendor@obm.state.oh.us.