



Georgia Forestry Commission

Authorization Agreement for Electronic Funds Transfer (EFT)

Print or type. Please fill in all portions as applicable. Incomplete agreements cannot be processed.	Company Name (if applicable):		
	Name (Last, First, Middle Initial) (Only for payment of individuals):		
	Last Name	First Name	Middle Initial
	Mailing Address:		
	Number, street, and apt. or suite no.		
	City, state, and zip code		

Part I Taxpayer Identification Number (TIN)

Social security number		

OR

Employer identification number	

Part II Banking Information

Bank routing number
Account number

A voided blank check must be attached to this form.

Part III Authorization/Signature

In signing this agreement, the Georgia Forestry Commission is authorized to deposit accounts payable vendor payments directly into the provided bank account by way of electronic funds transfer (EFT). The Georgia Forestry Commission is also authorized to adjust any over/under deposit which it has caused to be made to the above account. It is recognized that this deposit is done through electronic submission. It is further acknowledged that it is the responsibility of the company or individual to notify the Georgia Forestry Commission Accounting department if at any time this EFT agreement needs to be discontinued or if bank account information changes in any form. A voided check has been attached as verification of banking information.

_____ (Printed Name)

_____ (Signature)

_____ (Date)

FOR ACCOUNTING USE ONLY			
Date received:	Initials:	Date processed:	Initials: