

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS
SUMMER FOOD SERVICE PROGRAM (SFSP)
FOR CHANGE/NEW INSTITUTIONS (Circle One)**

The Cash Management Improvement Act (P.L. 101-453) mandates that all federal reimbursement be deposited directly into an account by electronic transfer. In order to receive reimbursement for the SFSP, this form must be completed.

County District or Agreement Number: _____

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

1. NAME OF SFSP INSTUTION: _____

2. SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

3. DATE: _____

I hereby authorize the State of Oklahoma Treasury, hereinafter called Treasury, to initiate credit entries and to initiate, if necessary, debit entries as adjustments for any ____ checking or ____ savings account indicated below, to credit and/or debit the same amounts(s) owed by or due to me by the State of Oklahoma. This authority is to remain in full force and effect until Treasury has received written notification from me of its termination in such time and in such manner as to afford Treasury and Depository a reasonable opportunity to act on it.

4. _____ 5. _____
BANK TRANSIT/ABA NUMBER CHECKING/SAVINGS ACCOUNT NUMBER

ATTACH VOIDED CHECK HERE (DEPOSIT SLIPS ARE NOT ACCEPTED).

Please mail or fax the completed form to: Oklahoma State Department of Education
Child Nutrition Programs, Room 310
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599
FAX #: 405.521.2239