OKLAHOMA STATE DEPARTMENT OF EDUCATION

2500 North Lincoln Boulevard, Oklahoma City, Oklahoma 73105

| State agency Use Only: | | | | | | | |
|------------------------|-----------|---------|------|-------|----------|--|--|
| County Number/Name: | | | | | | | |
| District Numb | per/Name: | | | | | | |
| Corporation | 340 Appl | ication | 265 | Class | ID – SDE | | |
| Corporation | 0002 Appl | ication | 0410 | Class | ID – ASA | | |



Return completed form to: Oklahoma State Department of Education

State Aid Section, Room 427 2500 North Lincoln Boulevard Oklahoma City, Oklahoma 73105-4599 Questions: (405) 521-3460 <State.Aid@sde.ok.gov>

Electronic Funds Transfer (EFT) Authorization Agreement School Banking Information – General Fund

| ^ 1 | • • | | |
|------------|---------|----------|---------|
| Subn | าเรรเกเ | n Inforn | nation: |
| 00011 | 1155101 | | |

| New | Enrol | lment |
|-----|-------|-------|

Change

School Information

| Name | of School : | | | |
|-------|----------------------|--------|----------------|-----------|
| Addre | ess: | | | |
| City: | | State: | Oklahoma | Zip Code: |
| Treas | urer's Printed Name: | | | |
| Treas | urer's Phone No: | | Treasurer's er | nail: |

Financial Institution Information

| Financial Institution (Bank) Name: | | | | | | |
|--|--|--------|-----------|--|--|--|
| Financial Institution City: | | State: | Phone No: | | | |
| School's Federal Tax Identification Number (TIN) | | | | | | |
| Account Name (Exactly) as shown on account: | | | | | | |
| Financial Institution - Bank Transit/ABA No: | | | | | | |
| Governmental Bank Account No. (General Fund-11) | | | | | | |

Authorized Signature

I hereby authorize the Office of State Treasurer, hereinafter called TREASURY, to initiate credit entries and to initiate, if necessary, debit entries as adjustments for the Governmental Budget Account (62 O.S. § 331) at the financial institution indicated below, hereinafter called DEPOSITORY, to credit and/or debit the same any amount(s) owed by or due to the school district by the State of Oklahoma. This authority is to remain in full force and effect until TREASURY has received written notification from authorized school district personnel of its termination in such time and in such manner as to afford TREASURY and DEPOSITORY a reasonable opportunity to act on it.

| Superintendent Si | gnature | | | | |
|--|---------|--|--|--|--|
| Printed Name and Title of the above Signature: | | | | | |
| Treasurer's Signat | ure: | | | | |
| Submission Date: | | | | | |

•Attach voided check here

REQUIRED: A voided check (*deposit slips cannot be accepted*), OR an official document* from your financial institution showing the Bank Transit/ABA number and account number must be attached. *In lieu of a voided check, please record the same ABA/account information on bank letterhead along with the signature of an authorized bank official.