

APPLICATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

To be considered for participation in the Department of State's Electronic Funds Transfer (EFT) program, please provide the information requested below. Upon approval, your authorizing signature permits the Department of State to electronically transfer funds from your financial institution to a State of Michigan account.

– PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR FILES –

NOTE: This application must be completed when you first apply to participate in the EFT program OR you change banks OR you have a bank account number change. You may either mail or fax your application to:

Michigan Department of State
 Revenue Accounting Section
 7064 Crowner Drive
 Lansing, MI 48918
 FAX: (517) 636-0542
 Attn: Kate Lintner

COMPANY NAME _____

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

TELEPHONE NUMBER () _____ FAX NUMBER () _____

DEALER NUMBER _____ CONTACT PERSON _____

AUTHORIZATION FOR VARIABLE WITHDRAWALS -- AUTOMATED CLEARING HOUSE DEBITS

I hereby authorize the Department of State to make withdrawals from the account identified below at:

_____ (Depository Financial Institution, hereinafter referred to as DFI)

and authorize the DFI to charge such withdrawals to my listed account.

Because these regular payments may vary in amount, the Department of State will provide a summary of all work processed.

If the purpose for withdrawal is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the Michigan Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Department of State.

DFI NAME	DFI ROUTING AND TRANSMIT NUMBER	ACCOUNT NUMBER TO DEBIT	TYPE OF ACCOUNT CHECKING
PRINTED NAME OF AUTHORIZING PARTY		ADDRESS	CITY STATE ZIP
SIGNATURE OF AUTHORIZING PARTY		DATE	FEDERAL I.D. NUMBER
IS THIS A NEW EFT ACCOUNT? YES NO	IS THIS A BANK ACCOUNT CHANGE? YES NO	DATE WHEN OLD ACCOUNT WILL NO LONGER BE USED	ESTIMATED AMOUNT TO BE TRANSFERRED DAILY \$

PLEASE ATTACH A VOIDED CHECK AND A DEPOSIT TICKET TO THIS APPLICATION
On the back of this form, list the three Secretary of State offices where you wish to process EFT transactions.

BRANCH OFFICE SELECTIONS

Please list the addresses of three Secretary of State offices you will use to process EFT Transactions. Identify more than one location provides alternatives for transacting business should one of the branch offices be forced to close unexpectedly. You should consider selecting an Instant Title office as one of your choices, if this service would be helpful to you.

FIRST CHOICE

Branch Location		
Address		
City	State	Zip

SECOND CHOICE

Branch Location		
Address		
City	State	Zip

THIRD CHOICE

Branch Location		
Address		
City	State	Zip