



State of Utah Utah State Office of Education

Rev. 07/2010

Date Received

DIRECT PAYMENT (ACH DEBIT) AUTHORIZATION FORM AUTHORIZER INFORMATION

Authorizer Name	Phone	FAX	Email
Company Name	Street	City	State, Zip

Depository Financial Institution Name	Branch Location	Routing Transit Number
Account Number	City	State, Zip

Entity above, hereinafter called COMPANY, hereby authorizes Utah State Office of Education hereinafter called STATE, to initiate debit entries to the account and depository financial institution specified above, hereinafter called DEPOSITORY, and to debit the same to such account. COMPANY acknowledges that the origination of ACH transactions to COMPANY's account must comply with the provisions of Utah Code 70A-4a and U.S. law. This authorization is to remain in full force and effect until STATE has received written notification from COMPANY of its termination in such time and in such manner so as to afford the interested parties a reasonable time to act on it. COMPANY represents and warrants that the undersigned is (are) authorized to execute this payment authorization.

Signature	Date
Print Name	Title
Signature	Date
Print Name	Title

Send completed agreement to:

Kathy Nelson
 Utah State Office of Education
 250 East 500South
 P.O. Box 144200
 Salt Lake City, UT 84114-4200
 Or FAX to: (801) 538-7605

For questions, call: (801) 538-7625