



New Account

Modify Existing Account

Print Form

Reset Form

GEORGIA OFFICE OF SECRETARY OF STATE
AUTHORIZATION AGREEMENT

ORGANIZATION NAME		ORGANIZATION PHONE NUMBER	
AGENT/REPRESENTATIVE NAME		FEIN	DATE
AGENT/REPRESENTATIVE EMAIL ADDRESS - CORPORATE ACCOUNT *		* The email address is where the e-account number will be transmitted for the corporate account.	
BANK (DEPOSITORY) NAME	BANK'S STREET/BOX		
BANK'S CITY	BANK'S STATE	BANK'S ZIP CODE	
TRANSIT ROUTING NUMBER		BANK ACCOUNT NUMBER	
[<input type="text"/>]		<input type="text"/>	
<p>I (we) hereby authorize the GEORGIA OFFICE OF SECRETARY OF STATE, hereinafter called COMPANY to initiate debit and credit entries to my (our) <input type="checkbox"/> Checking account or <input type="checkbox"/> Savings account indicated above and the depository named above, hereinafter called DEPOSITORY, to debit or credit the same to such account. This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable time to act on it.</p>			
AGENT/REPRESENTATIVE NAME		SIGNATURE	
AGENT/REPRESENTATIVE NAME		SIGNATURE	
<p>PLEASE MAIL COMPLETED FORM TO: GEORGIA OFFICE OF SECRETARY OF STATE Corporations Division, 315 West Tower #2 Martin Luther King Jr. Drive, Atlanta, GA 30334-1530</p>			