

APPLICATION FOR BASIC DRIVER IMPROVEMENT COURSE PROGRAM ELECTRONIC FUNDS TRANSFER (EFT)

To be considered for participation in the Michigan 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) 373-1306
Attn: Kate Lintner

COMPANY NAME _____

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

TELEPHONE NUMBER () _____ FAX NUMBER () _____

PROVIDER NUMBER (if any) _____ 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 TRANSIT NUMBER	ACCOUNT NUMBER TO DEBIT	TYPE OF ACCOUNT <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS A BANK ACCOUNT CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> 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