



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Administrative Services

TANI PACK DOWNING
Executive Director

Division of Finance

JOHN C. REIDHEAD CPA
Division Director

AUTHORITY FOR THE AUTOMATIC TRANSFER OF FUNDS

I hereby authorize the State of Utah, Division of Finance, Office of State Debt Collection (OSDC) to transfer funds from the account described below (the "Account") at the frequency and in the amounts stated; until the debt is paid in full. I authorize the institution at which the Account is maintained to accept the debit initiated by OSDC and to debit the Account as instructed by OSDC. As to the regularly scheduled payments due OSDC, I authorize the institution named below to debit the Account in the amount indicated below. In addition, I guarantee and authorize the institution at which the Account is maintained to debit the Account at any time and from time to time in the amount of any other payment or amounts that are not paid when due to OSDC. This agreement may be terminated only with written authorization of OSDC, payment in full of the debt; or written notice from the Account owner at least ten (10) days prior to the payment date. I guarantee that I am an authorized signatory on the Account and have the legal right to conduct business on the Account. I understand that the amount of any debit to the Account may change, under the original terms, or modified terms, of my account with OSDC. I also understand that I am ultimately responsible for each and every payment due under this agreement. If a problem occurs with the ACH debit process, it is my responsibility to make a payment to OSDC by money order or by debit/credit card in a timely manner in order to avoid a late fee and additional interest.

The "ACCOUNT" information:

BANK NAME _____

Checking Savings Account
Select only one

Bank Address _____

Routing Number _____

Bank City, State, Zip _____

Account Number _____

Include a voided check when returning this authorization form.

Regularly scheduled payments of \$ _____ per _____ commencing on the 15th And / or Last Day of _____, 20__

Signer 1 NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

Email Address: _____

Telephone Number _____ OSDC Account Number _____

Signature _____ Date _____

If needed Signer 2 NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

Email Address: _____

Telephone Number _____ OSDC Account Number _____

Signature _____ Date _____

This request is from a Debt Collector. Any information obtained will be used for that purpose.