

STATE OF OKLAHOMA
Vendor Electronic Funds Transfer Authorization - 645

VENDOR INFORMATION:

Vendor #: _____ Location #: _____

Name: _____

Address: _____

City/State/Zip: _____

Contact Name: _____ Phone: _____

Contact Email Address: _____

I (we) hereby authorize the State of Oklahoma Treasury, hereinafter called Treasury, to initiate credit entries to the Checking () Savings () account (select one) indicated below at the financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force until TREASURY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford TREASURY and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE: _____ DATE: _____

Printed Name/Title _____

- Attach a voided check or a deposit slip. Only use a deposit slip if it contains your banks ABA number (transit routing) and your bank account number. If you do not use checks or deposit slips, a letter from your bank with the bank account information is the only acceptable alternative.

(between these symbols | : | : on the bottom of the check or deposit slip)

Return the completed form to:

**Oklahoma Conservation Commission
2800 N. Lincoln Blvd., Suite 160
Oklahoma City, OK 73105
ATTN: Steven Coffman**