Print Form

Georgia Environmental Finance Authority
Attn: Loan Servicing
233 Peachtree Street, NE
Harris Tower, Suite 900
Atlanta, GA 30303.1506
Phone 404.584.1000
Fax 404.584.1067

# Electronic Funds Debit via ACH Authorization Form
# (Payment of Invoice/Repayment of Loan Funds)

| PAYER INFORMATION | |
|---|---|
| **Invoice Number/Project ID(s), if same banking information for all billed items, please enter "ALL"** | |
| **Legal Name of Payer** | **Tax ID or EIN** |
| **Physical Address** | **Mailing Address (if different from Physical Address)** |
| **City, State, Zip Code** | **City, State, Zip Code** |
| **Payer Phone Number** | **Payer Fax Number** |
| **Primary Contact Name** | **Primary Contact Title** |
| **Primary Contact Phone Number** | **Primary Contact Email Address** |
| **Secondary Contact Name** | **Secondary Contact Title** |
| **Secondary Contact Phone Number** | **Secondary Contact Email Address** |
| **BANK INFORMATION** | |
| **Bank Name** | **Bank Phone Number** |
| **Branch Address** | **City, State, Zip Code** |
| **PLEASE ATTACH A VOIDED CHECK. THIS FORM CANNOT BE PROCESSED WITHOUT ONE.** | |
| **Transit Routing/ABA Number (9-Digits)** | **Bank Account Number** |

The Payer hereby authorizes Georgia Environmental Finance Authority ("GEFA") to withdraw directly from the account described above any amounts owed and to deposit to that account, upon GEFA's notice to the Bank, any amounts withdrawn by GEFA for which GEFA is not entitled. The Payer further authorizes and directs the Bank to accept such withdrawals and to permit such deposits.

This authorization is to remain in force until GEFA has received written notification from Payer of termination in such time and in such manner as to afford GEFA and/or the Bank a reasonable opportunity to act on it.

| | |
|---|---|
| Print Name of Person Authorized on Bank Account | Title |
| Authorized Signature | Date |
| Attestation Signature | Title |

Mail or fax this form and required documentation to the address or number above. This information can also be emailed to disbursements@gefa.ga.gov for faster setup. All originals should be mailed for documentation purposes.

GEFA use only: Entered NLS_____ Initials _____ Pre-noted/Email Sent _____ Payer ID _____
Called Payer Bank to confirm account name and #: Bank Employee Name _____
GEFA Employee Initials and Date _____