

OKLAHOMA STATE DEPARTMENT OF EDUCATION

2500 North Lincoln Boulevard, Oklahoma City, Oklahoma 73105



<i>State agency Use Only:</i>			
County Number/Name:	<input type="text"/>		
District Number/Name:	<input type="text"/>		
Corporation 340 Application 265 Class ID – SDE	<input type="text"/>		
Corporation 0002 Application 0410 Class ID – ASA	<input type="text"/>		

Return completed form to:
Oklahoma State Department of Education
State Aid Section, Room 427
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599
Questions: (405) 521-3460
<State.Aid@sde.ok.gov>

Electronic Funds Transfer (EFT) Authorization Agreement Charter School SPONSOR Banking Information – General Fund

Submission Information: New Enrollment Change

Name of Charter School being sponsored:

Charter School Sponsor Information

Name of Sponsor:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: Oklahoma	Zip Code: <input type="text"/>
Comptroller's Printed Name:	<input type="text"/>		
Comptroller's Phone No:	<input type="text"/>	Comptroller's email:	<input type="text"/>

Financial Institution Information

Financial Institution (Bank) Name:	<input type="text"/>		
Financial Institution City:	<input type="text"/>	State:	<input type="text"/>
		Phone No:	<input type="text"/>
Sponsor's Federal Tax Identification Number (TIN)	<input type="text"/>		
Account Name (Exactly) as shown on account:	<input type="text"/>		
Financial Institution - Bank Transit/ABA No:	<input type="text"/>		
Sponsor's Governmental Account No. (General Fund-11)	<input type="text"/>		

Authorized Signature

I hereby authorize the Office of State Treasurer, hereinafter called TREASURY, to initiate credit entries and to initiate, if necessary, debit entries as adjustments for the Governmental Budget Account (62 O.S. § 331) at the financial institution indicated below, hereinafter called DEPOSITORY, to credit and/or debit the same any amount(s) owed by or due to the school district by the State of Oklahoma. This authority is to remain in full force and effect until TREASURY has received written notification from authorized school district personnel of its termination in such time and in such manner as to afford TREASURY and DEPOSITORY a reasonable opportunity to act on it.

Sponsor's President/Superintendent Signature:	<input type="text"/>
Printed Name and Title of the above Signature:	<input type="text"/>
Comptroller's Signature:	<input type="text"/>
Submission Date:	<input type="text"/>

•Attach voided check here

REQUIRED: A voided check (deposit slips cannot be accepted), OR an official document* from your financial institution showing the Bank Transit/ABA number and account number must be attached. *In lieu of a voided check, please record the same ABA/account information on bank letterhead along with the signature of an authorized bank official.