

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
PUBLIC SAFETY SERVICES
FINANCIAL SERVICES
P. O. BOX 66909
BATON ROUGE, LA 70896

Fax : (225) 925-4990

Tel : (225) 925-6400

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I hereby authorize the Office of Motor Vehicle, through Public Safety Services, Financial Services Office, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my designated account, indicated below and the financial institution named below, to debit and/or credit the same to such account.

Company or Business Name _____

Address _____

City _____ State _____ Zip _____

Telephone # _____

Bank Name _____ Account No. _____

Federal Tax ID # _____

E-Mail Address _____

This agreement may be terminated by either party. The Department of Public Safety, Public Safety Services, Financial Services Office, may also suspend this agreement in accordance with the rules.

Authorized Signatures on this account _____

Financial Services Officer's Signature _____

**THE BOTTOM PORTION OF THIS FORM MUST BE FILLED OUT BY THE PARTICIPATING
FINANCIAL INSTITUTION**

Will these funds be drawn from _____ Checking _____ Savings?

Above Account number correct? ___ Yes ___ No Correct number _____

Do you participate in Automated Clearing House (ACH)?? ___ Yes ___ No

Financial Institution's Transit/ABA No. _____

Authorized Officer _____ Title _____

FUNDS WILL BE DRAFTED FROM THE ABOVE ACCOUNT WITHIN 2 BUSINESS DAYS