

Charise Clay

From: Williams, Michael J. <mwilliams@tokn.com>
Sent: Monday, October 16, 2023 3:37 PM
To: edmund.wall@psc.com; Jeremi Patterson; Ricky Clark; Bruce Abraham; Kimberly James; Charise Clay; Randi Rainey; 'Brasher, Kelly'
Subject: Georgia Fund 1
Attachments: GF1 e-Resolution Instructions_FINAL_01102023 (1).pdf; Hamptiopn Resolution - EXAMPLE.pdf

CAUTION: This email originated from outside of the organization. Please use caution when interacting with this email.

All:

Here is an update on the Georgia Fund 1 resolution process. First and foremost, I believe we are ready for the URA Board to schedule its meeting. We will NOT have the actual resolution ahead of time. Rather it is all done digitally online now. All we need the Board to do is to authorize the Chair to sign the resolution.

For purposes of giving the Board something to look at, I have attached an illustrative paper copy of the resolution which was done by the City of Hampton which was done prior to their transition to digital resolutions. The meat and potatoes are the same as what the URA will adopt, the only differences are for our URA-specific data.

The primary things the resolution does are:

1. Authorizes actual participation by the URA in the Georgia Fund 1 program
2. Designates who may make decisions on behalf of the URA with respect to deposits and withdrawals.
3. Designates who may simply view account information.
4. Designates which bank accounts the URA will be using.

I am suggesting that for item 2 you designate the City's Finance Director, City Manager and the Chair of the URA as decision makers. These people will be granted online access to the account(s) with authority to make deposits and request withdrawals. For redundancy purposes, you may want to add another staff member or another board member. (I am thinking about practical situations where a withdrawal is needed to be made, but people are out of town, sick, etc.)

I am suggesting that for item 3 you designate the Financial Advisor, Economic Development Director and Secretary of the URA as persons who are able to access account balances and other account information but on a read-only basis.

As I reviewed the process and information needed, it became clear to me that I should not be making the application in a vacuum, so your input/feedback regarding the above items is important.

Additionally, the process is a tad more involved than I originally had thought, particularly when it gets to the document signing stage. It is all done online as stated above. So that you all understand the process clearly, I am highly recommending that you all watch the 30-minute video they have prepared to aid people in submitting the resolution (a written instruction guide is also attached as PDF:

<https://vimeo.com/640390260>

As you will see, three people are required to complete the process online: (1) the original submitter; (2) Chair James; (3) Randi Rainey, our City Clerk, who will serve as the notary. (Of course you can choose a different notary, but the application requires that you make that designation up front.)

I am suggesting that Jeremi Patterson be the original submitter as they are asking for bank account information, etc. I (with Ed Wall's help) will assist him in preparing the original submission and filling out the rest of the resolution. Once that is finalized (they say it is roughly a 24 hour process), then emails will be generated to Chair James and Randi Rainey to complete the resolution via DocuSign.

Please let me know if you have any questions. I can set up a zoom conference call for us all to discuss if that is helpful.

Mike

Michael J. Williams
Of Counsel



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Georgia Fund 1 (GF1) e-Resolutions Request and Submission Instructions

Please watch the instructional **GF1 e-Resolution Webinar video** (<https://ost.georgia.gov/divisions-offices/investments/georgia-fund-1>) and fully read the resolution instructions prior to beginning the resolution submission process.

A. Submitting an e-Resolution Request:

1. Access OST website (<https://ost.georgia.gov/>).
2. Locate the Georgia Fund 1 (GF1) content box on the Home Page.
3. Click the Georgia Fund 1 e-Resolution Request link.
4. GF1 Resolution Request:
 - a. **Resolution Type:** If you are adding a new GF1 account, select New Resolution. For a change to an existing account, select Amended Resolution and enter the GF1 Account Number in the space provided.
 - b. **Participant:** Enter the Entity name, your name and your email. (The person requesting the e-Resolution.)
 - c. **Head of Governing Authority:** Enter the Entity's Head of Governing Authority's name, email, and contact number. This is the person that is authorized to approve the e-Resolution such as the Board Chairman, Commissioner, or Mayor.
 - d. Once the form has been completed, click "Submit". An email confirmation will be sent immediately upon submission of this request.

Note: A separate e-Resolution Request is required for each GF1 account you wish to process.

B. Completing an e-Resolution Form

1. Once the request form has been processed, you will receive an email from the Office of the State Treasurer (OST) via DocuSign to complete an e-Resolution Form. To begin the e-Resolution Form session, open the email and click "Review Document."
2. Select the signature disclosure box in the upper left-hand corner to continue. After reading the terms, check agree to use electronic records and signatures and click "Continue".
3. Enter the effective date. The effective date is the date of submission.
4. **Participant Information:**
 - a. Enter Participant Information including participant's (entity) name, Tax ID# or TIN #, physical address and mailing address, even if they are the same addresses.
 - b. Indicate if the resolution is for a new account or an amendment to an existing account by selecting New Account or Amendment to an existing account. For amendments to an existing account, select user changes, bank changes, or changes to both, and enter the existing GF1 account #, beginning with the 4-digit account # followed by the next 5 or 6 digits. (1234-123456)

Note: The entity name and TIN # should be the same as what is on the W9 that was submitted to the entity's banking institution.

5. Authorized Representatives of The Participant:

- a. Authorized Representative Information: Enter information required for each individual authorized to make deposits and/or withdrawals (transaction authority) to the entity's GF 1 account. Enter their name, title, email address, telephone number, and cell phone number.
- b. **Authority:** Select Deposit/Withdrawal/Transfer if you want the authorized user to have the ability to make all transaction types. If Deposit Only is selected the authorized individual will only be able to make deposits into the entity's GF1 account.
- c. **Grant IPAS Access:** Indicate if the authorized individual requires access to the Internet Participant Access System (IPAS) providing them the ability to electronically perform authorized functions and to obtain monthly statements.

AUTHORIZED REPRESENTATIVES OF THE PARTICIPANT

Any one of the following individuals shall be authorized to deposit and/or withdraw funds from the local government investment pool on behalf of the Participant: (Please select at least one person for online system (IPAS) access to electronically perform authorized functions and to obtain monthly statements. All individuals currently with online access not on this resolution will be deactivated)

1. Printed Name:	<input type="text"/>	Telephone:	<input type="text"/>
Title:	<input type="text"/>	Cell Number:	<input type="text"/>
Email:	<input type="text"/>	<input type="checkbox"/> Grant IPAS Access	
Authority:	<input type="checkbox"/> Deposit/Withdrawal/Transfer	<input type="checkbox"/> Deposit Only	

Entities requiring more than 5 authorized representatives may complete a separate form and attach to the e-Resolution. The Additional Authorized form attachment can be located on the OST Website under the GF1 Additional Forms & Information section. <https://ost.georgia.gov/divisions-offices/investments/georgia-fund-1>. Complete and save the form. On the e-Resolution, select the additional authorized checkbox. Then select Upload File and attach the completed document.

For additional AUTHORIZED individuals, please check and attach user information to this form.



Note: One authorized individual must be selected to have IPAS access. For changes to existing accounts (amended resolutions), all individuals that continue to need the ability to have transaction authority must be listed. Individuals with current access not listed on the amended e-Resolution will have their access removed.

6. READ ONLY Authorized Representatives of the Participant

- a. Enter all individuals that are authorized to have read only access to the entity's statements and account information. Enter their name, title, email address, telephone number, and cell phone number.
- b. For additional READ-ONLY access users, obtain an additional read-only access form located on the OST Website. <https://ost.georgia.gov/document/document/gf1resolutionformadditional-read-only/download>. Complete and save the form.
- c. On the e-Resolution, select the additional read-only checkbox. Then select Upload File and attach the completed document.

Georgia Fund 1 (GF1) e-Resolutions Request and Submission Instructions

7. Banking Information:

- a. Before you begin the banking section, you will need to know the following information:
 - Bank address, bank contact information and account title, ABA and account number for each account.
 - Does your local bank have different ABAs for wires and ACHs? If so, you will need both.
 - Is the bank account a corporate trust account? If so, verify with the bank their preferred method of payment. Typically, corporate trust accounts require wire payments. Obtain bank instructions.
 - Does the local bank require a correspondent bank to receive wires? If so, obtain wire instructions from the local bank.
 - Do you want OST to ACH Debit your account for contributions made to your GF1 account or do you want to wire contributions to your account?

8. Banking Instructions: (CTAS agencies skip to step 9).

- a. List all applicable bank accounts related to the GF1 Account as this e-Resolution **will supersede** the previous e-Resolution.
- b. Enter the bank address, bank contact information, and account title.

Note: Entities can list up to 6 bank accounts. Each bank account number on the e-resolution requires a separate bank section to be completed. (Bank 1, Bank 2, etc.)

BANKING INSTRUCTIONS

Bank 1:

Bank Name: _____ Account Title: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Bank Contact: _____ Bank Contact Telephone Number: _____

Corporate Trust Account or Fiscal Agent Account: No Yes (If Yes, confirm preferred method of transfer, ACH or Wire)

Entities requiring more than 6 banks may complete a separate form and attach to the e-Resolution. The bank form attachment can be located on the OST Website under the GF1 Additional Forms & Information section. <https://ost.georgia.gov/divisions-offices/investments/georgia-fund-1>. Complete and save the form. On the e-Resolution, select the additional bank accounts checkbox. Then select Upload File and attach the completed document.

For additional BANK ACCOUNTS, please check and attach bank instructions to this form. 

- c. Select “No” or “Yes” to indicate if the account is a Corporate Trust Account. If the account is not a corporate trust account, check “No and continue to the next section.

Note: Corporate trust accounts are accounts where the bank serves as trustee, agent, or global custodian. Generally, bank personnel are listed as authorized users for corporate trust accounts. Corporate Trust Accounts generally requires wire payments.

Georgia Fund 1 (GF1) e-Resolutions Request and Submission Instructions

Item #1.

- d. If the account is a Corporate Trust, check “Yes” and perform the following:
 - Verify with the bank their preferred method of payment.
 - Obtain bank instructions.
 - If wire payments are required, the ACH section does not have to be completed on the resolution.
 - Corporate trust accounts usually do not allow for any ACH debits (contributions) to the account. Once you have confirmed that this is accurate, check “No” under the ACH Debit for Contribution section. **All contributions will have to be wired to OST.**

Example: Corporate trust account that requires a wire:

BANKING INSTRUCTIONS

Bank 1:

Bank Name: Account Title:

Bank Address:

City: State: Zip Code:

Bank Contact: Bank Contact Telephone Number:

Corporate Trust Account or Fiscal Agent Account: No Yes (If Yes, confirm preferred method of transfer, ACH or Wire)

ACH Instructions

Bank ABA Number: Bank Account Number:

Allow OST to ACH Debit for Contributions:

Yes. If there is a debit block on this account, please provide the bank OST's Company ID:

No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.

WIRE Instructions

Bank ABA Number: Bank Account Number:

Addendum Information:

Correspondent Bank Instructions Required? Yes No Attach Correspondent Bank Wire Instruction

Correspondent Bank Name: Correspondent Bank ABA#:

Correspondent Bank City: Correspondent Bank Account#:

- e. **ACH Instructions:** OST requires ACH and wire banking instructions for each bank listed on the resolution. All withdrawals from the local government investment pool will be sent via ACH to the participant’s demand deposit account(s) except to account(s) designated as corporate trust accounts. Wire templates are set up in the event a GF1 participant needs same day funds (ACH transactions cannot be processed same day).

ACH Instructions

Bank ABA Number: Bank Account Number:

Allow OST to ACH Debit for Contributions:

Yes. If there is a debit block on this account, please provide the bank OST's Company ID:

No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.

Georgia Fund 1 (GF1) e-Resolutions Request and Submission Instructions

Item #1.

- f. Enter the ACH ABA number and bank account number.
- g. “Allows OST to Debit for Contribution” - This section replaces the prior ACH Debit Authorization form. Select “Yes” or “No” to grant OST authority to ACH Debit your account for contributions made to your GF1 account. For amended resolutions, we suggest you review your existing method (ACH or Wire) for contributions to your GF1 account in order to select and continue your current process.
- h. If “Yes” is selected, please add OST’s company ID 1581125844 to your bank’s debit block fraud filter.
- i. If “No” is selected, you will be required to wire the funds to OST for any Contributions.

Note: Since some banks have different ABA numbers for ACH and wires, it is important to verify both sets of instructions with your bank. This will ensure accurate delivery of the funds. Information for both ACH and Wires must be completed even if the ABA numbers are the same.

- j. **Wire Instructions:** Wire templates are set up to use in emergency cases when a same day withdrawal is necessary. Enter the wire ABA number and bank account number. The wire and ACH account numbers should be the same. If you would like or need addendum information attached to the wire, please include the information on the Addendum Information line. If addendum information is not needed, please put N/A.

WIRE Instructions

Bank ABA Number: Bank Account Number:
 Addendum Information:

Example: Different ABA numbers for wires and ACHs – Not a corporate trust account and allowing ACH Debits for contributions

BANKING INSTRUCTIONS

Bank 1:
 Bank Name: Account Title:
 Bank Address:
 City: State: Zip Code:
 Bank Contact: Bank Contact Telephone Number:
 Corporate Trust Account or Fiscal Agent Account: No Yes (If Yes, confirm preferred method of transfer, ACH or Wire)

ACH Instructions
 Bank ABA Number: Bank Account Number:
 Allow OST to ACH Debit for Contributions:
 Yes. If there is a debit block on this account, please provide the bank OST’s Company ID: 1581125844.
 No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.

WIRE Instructions
 Bank ABA Number: Bank Account Number:
 Addendum Information:

Correspondent Bank Instructions Required? Yes No Attach Correspondent Bank Wire Instruction
 Correspondent Bank Name: Correspondent Bank ABA#:
 Correspondent Bank City: Correspondent Bank Account#:

Georgia Fund 1 (GF1) e-Resolutions Request and Submission Instructions

Item #1.

- l. **Correspondent Bank Instructions:** In some instances, local banks cannot accept wires directly and must use a correspondent bank. This is more common with smaller banks. Please verify with your local bank if a Correspondent Bank is used to receive wires.

Correspondent Bank Instructions Required? Yes No

Correspondent Bank Name: _____ Correspondent Bank ABA#: _____
Correspondent Bank City: _____ Correspondent Bank Account#: _____

- m. Select “Yes” or “No” to indicate if a Correspondent bank is required. If “No”, no additional information is needed.
- n. If “Yes”, complete the correspondent bank section. Obtain your local bank wire instructions on their letter head and attach to the resolution.

Example: Correspondent Bank

BANKING INSTRUCTIONS

Bank 1:

Bank Name: Local Bank Name Account Title: Blank County BOE
Bank Address: 123 Main Street
City: Hometown State: GA Zip Code: 21111
Bank Contact: John Smith Bank Contact Telephone Number: 770-123-4785
Corporate Trust Account or Fiscal Agent Account: No Yes (If Yes, confirm preferred method of transfer, ACH or Wire)

ACH Instructions

Bank ABA Number: _____ Bank Account Number: _____
Allow OST to ACH Debit for Contributions:
 Yes. If there is a debit block on this account, please provide the bank OST's Company ID: 1581125844.
 No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.

WIRE Instructions

Bank ABA Number: _____ Bank Account Number: _____
Addendum Information: Optional Information _____

Correspondent Bank Instructions Required? Yes No Attach Correspondent Bank Wire Instruction
Correspondent Bank Name: TIB Dallas Correspondent Bank ABA#: _____
Correspondent Bank City: City State Correspondent Bank Account#: _____

- o. The wire instructions will list the receiving financial institution or bank. This receiving bank is the correspondent bank, so the information listed should be entered for the Correspondent Bank Name, Correspondent Bank City, and Correspondent Bank ABA# fields.
- p. The wire instructions will also list the beneficiary financial institution or bank. The ABA or account number listed for the beneficiary bank should be entered in the Correspondent Bank Account# field. This number will generally be the same as your local bank’s ABA number, but it can be different.
- q. In the Addendum information section, be sure to include the “For Further Credit (FFC) information”. This will be the GF1 participant’s name and bank information.

Georgia Fund 1 (GF1) e-Resolutions Request and Submission Instructions

9. **For CTAS State Agencies ONLY:** If any withdrawals or contributions are to be made between the GF1 account and your “Z” fiduciary account, CTAS agencies can reference their “Z” account in the bank account number field. A CTAS Transfer option will be set up in IPAS that will be used as the “bank” for any transactions. Agency banks outside of the CTAS program can be added as a separate bank on the resolution.

BANKING INSTRUCTIONS	
Bank 1:	
Bank Name:	Wells Fargo Account Title: CTAS Operating
Bank Address:	123 Sample Street
City:	Atlanta State: GA Zip Code: 30334
Bank Contact:	John Doe Bank Contact Telephone Number: 770-123-4785
Corporate Trust Account or Fiscal Agent Account: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, confirm preferred method of transfer, ACH or Wire)	
ACH Instructions	
Bank ABA Number:	N/A Bank Account Number:
Allow OST to ACH Debit for Contributions:	
<input checked="" type="checkbox"/> Yes. If there is a debit block on this account, please provide the bank OST's Company ID: 1581125844.	
<input type="checkbox"/> No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.	
WIRE Instructions	
Bank ABA Number:	N/A Bank Account Number:
Addendum Information: N/A	
Correspondent Bank Instructions Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Attach Correspondent Bank Wire Instruction	
Correspondent Bank Name:	Correspondent Bank ABA#:
Correspondent Bank City:	Correspondent Bank Account#:

10. Other Information pertaining to the Banking section:

- Any unused banking sections can be left blank.
- If you have any questions while completing the banking section of the e-Resolution, please call the Georgia Fund 1 administrator for assistance at 404-656-2993.
- **Once the resolution is submitted to OST, no bank changes can be made to the resolution.** If bank changes are needed due to an error after submission the e-Resolution will be voided and a new e-Resolution will need to be submitted.

11. Signature of Head of Governing Authority:

The Head of Governing Authority will receive an email notification from OST via DocuSign and will be requested to electronically sign the documents. This is the person that is authorized to approve the e-Resolution such as the Board Chairman, Commissioner, or Mayor. Once the signed resolution is submitted, OST will contact the Head of the Governing Authority to verify their identity and continue the resolution submission process.

Note: The Head of Governing Authority's identity MUST be verified by an OST Certifier or a Notary.

12. The entity will receive a completed resolution via DocuSign for their record once the resolution has been fully processed.

FOR QUESTIONS OR COMMENTS CONCERNING THESE PROCEDURES OR YOUR ACCOUNT, PLEASE CONTACT US BY PHONE (404-656-2993) OR EMAIL (GF1_fund_admin@treasury.ga.gov)

For Customer Use:
 City of Hampton, GA
 I have an existing Acct. # _____
 This resolution is for:
 New Account _____
 Change to Existing Acct. # _____

For OTFS Use Only:
 Acct. Approved _____ Auth. Entered _____
 Audit _____ Wire Instructions _____
 Addr. Entered _____ Wire Templates _____
 Approval: _____
 AD1 _____ AD2 _____
 Res. form 2000A

RES. 2019-21

GEORGIA FUND 1
 (local government investment pool)
RESOLUTION TO AUTHORIZE INVESTMENT

family
 400-550-291

WHEREAS, Ga. Code Ann. §§36-83-1 to 36-83-8 authorizes Georgia local governments and other authorized entities to invest funds through the local government investment pool, and
 WHEREAS, from time to time it may be advantageous to the _____

City of Hampton, Georgia to deposit funds available for
 (Name of Local Government, Political Subdivision or State Agency)
 investment in Georgia Fund 1 (hereinafter referred to as the local government investment pool) as it may deem appropriate; and

WHEREAS, to provide for the safety of such funds deposited in the local government investment pool, investments are restricted to those enumerated by Ga. Code Ann. §36-83-8 under the direction of the State Depository Board, considering first the probable safety of capital and then the probable income to be derived; and WHEREAS, such deposits must first be duly authorized by the governing body of the local government or authorized entity and a certified copy of the resolution authorizing such investment filed with the Treasurer of the Office of the State Treasurer; and

WHEREAS, such resolution must name the official(s) authorized to make deposits or withdrawals of funds in the local government investment pool; and

WHEREAS, Ga. Code Ann. §36-83-8 requires a statement of the approximate cash flow requirements of the participating government pertaining to the funds to accompany the authorization to invest such funds at the time such deposits are duly authorized;

NOW, THEREFORE BE IT RESOLVED by the Mayor and City Council
 (Board, Council or other Governing Body)
 that funds of the City of Hampton, Georgia may be deposited from time to time in the manner prescribed by law and the applicable policies and procedures for the local government investment pool.

BE IT FURTHER RESOLVED THAT:

- Any one of the following individuals shall be authorized to deposit and/or withdraw funds from the local government investment pool on behalf of such government or other authorized entity (if a listed individual is employed by an entity other than the depositor, indicate employer):

<u>Alex Cochias, City Manager</u>	<u>770 897-2119</u>
Name, Title, (Employer, if applicable)	(Area Code) Phone Number
Email: <u>acochias@hampton.ga.gov</u>	<u>770 946-4306 ext. 2226</u>
<u>Melissa Brooks, City Clerk</u>	<u>770 897-2120</u>
Email: <u>mbrwks@hampton.ga.gov</u>	<u>770 946-4306 ext. 2227</u>
<u>Steve Hutchison, Mayor</u>	<u>470 351-9839</u>
Email: <u>shutchison@hampton.ga.gov</u>	
Email: _____	
Email: _____	

All withdrawals from the local government investment pool shall be wired to the following participant's demand deposit account: (Many banks have separate instructions for wires and ACH deposits. Please verify both sets of instructions with your bank and provide them below. This will ensure accurate delivery of your funds to the designated bank account).

(For ACH) Griffin City of Hampton
 (Local Bank Name) (Account Title)
Griffin, Georgia
 (ABA Number) (Account Number) (City, State)

(For WIRE) First National Bank of Griffin City of Hampton
 (Local Bank Name) (Account Title)
Griffin, Georgia
 (ABA Number) (Account Number) (City, State)

Deposited

(If applicable) Our local bank prefers to receive credit for wire transfers at the following Correspondent Bank:

Item #1.

(Bank Name) (City) (ABA Number) (Account Number)

Additional Bank Account (if applicable):

(For ACH) (Local Bank Name) (Account Title)

(ABA Number) (Account Number) (City, State)

(For WIRE) (Local Bank Name) (Account Title)

(ABA Number) (Account Number) (City, State)

Correspondent Bank (if applicable):

(Bank Name) (City) (ABA Number) (Account Number)

3. The local government investment pool shall mail the monthly statements of account to:

Linex Forsythe, Finance Director (Attention)

P.O. Box 400 (Address)

Hampton Georgia 30228 (City, State & Zip)

4. Changes in the above authorization shall be made by cancellation or replacement resolution delivered to the Office of the State Treasurer. Until such a replacement resolution is received by the Office of the State Treasurer, the above authorized individuals, local government demand account instructions and statement mailing address(es) shall remain in full force and effect.

5. The following schedule represents the period in which existing balances are currently expected to remain invested in the local government investment pool:

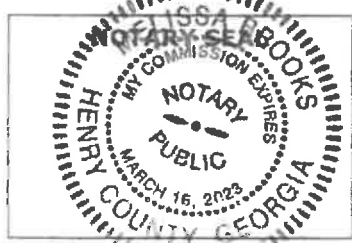
- _____ % 30 days or less;
- _____ % more than 30 days but less than 90 days;
- 100 % 90 days or longer.
- 100 %

Entered at _____ Georgia this _____ day of _____ 20____

Steve E. Hutchison
(Signature of Head of Governing Authority)

Steve E. Hutchison
(Please Print or Type - Head of Governing Authority)

Mayor
(Title)



Sworn to and subscribed before me this 10 day of Dec 2019

M Brooks
(Notary Public)

Please complete and return an original copy to:

Georgia Fund 1
Office of the State Treasurer
200 Piedmont Avenue
Suite 1204, West Tower
Atlanta, GA 30334-5527

Telephone: (404) 651-8964 or (404) 656-2993
Toll Free: (800) 222-6748
Fax: (404) 656-9048

Georgia Fund 1 (local government investment pool) deposits are not guaranteed or insured by any bank, the Federal Deposit Insurance Corporation (FDIC), the Federal Reserve Board, the State of Georgia or any other agency.



Office of the State Treasurer
 200 Piedmont Ave, Suite 1202, West Tower
 Atlanta, Georgia 30334-5527

Steve McCoy
 State Treasurer

(404) 656-2168
 Fax (404) 656-9048

ACH TRANSFER AUTHORIZATION FORM

CUSTOMER NAME: _____

	Georgia Fund 1 Account #	Bank Account Title	Bank ABA #	Bank Account Number
1				
2				
3				
4				
5				
6				
7				
8				
9				

If you wish to be included in the ACH funds transfer program, please complete the bank information for each of the accounts that appear on the resolution for each Georgia Fund 1 account. This form authorizes the Office of the State Treasurer (OST) to **DEBIT** the bank accounts listed for **LGIP contributions**.

Please verify ACH instructions with your financial institution before completing this form and verify that an ACH Debit Block is **NOT** placed on your account. If there is a block on the account, please provide your bank our two Company IDs: _____ This will allow OST to debit the account. If you have any questions, please email accounting@treasury.ga.gov.

We **DO NOT** wish to participate in the ACH funds transfer program for all of our accounts or for the following accounts: _____ . We understand that we will be responsible for sending a wire for any contributions made to a Georgia Fund 1 account not included in the ACH funds transfer program.

This form does not need to be notarized, but the authorizing signature must be someone on the current resolution. Any changes to this form can be faxed to 404-657-9066 or emailed to accounting@treasury.ga.gov. The original form does not need to be mailed.

 Authorizing Signature

 Print Name

 Date



Office of the State Treasurer
200 Piedmont Ave, Suite 1202, West Tower
Atlanta, Georgia 30334-5527

Steve McCoy
State Treasurer

(404) 656-2168
Fax (404) 656-9048

ACH TRANSFER AUTHORIZATION FORM

CUSTOMER NAME: _____

	Georgia Fund 1 Account #	Bank Account Title	Bank ABA #	Bank Account Number
1				
2				
3				
4				
5				
6				
7				
8				
9				

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Authorizing Signature

Print Name

Date



Office of the State Treasurer
200 Piedmont Ave, Suite 1202, West Tower
Atlanta, Georgia 30334-5527

Steve McCoy
State Treasurer

(404) 656-2168
Fax (404) 656-9048

ACH TRANSFER AUTHORIZATION FORM

CUSTOMER NAME: _____

	Georgia Fund 1 Account #	Bank Account Title	Bank ABA #	Bank Account Number
1				
2				
3				
4				
5				
6				
7				
8				
9				

If you wish to be included in the ACH funds transfer program, please complete the bank information for each of the accounts that appear on the resolution for each Georgia Fund 1 account. This form authorizes the Office of the State Treasurer (OST) to **DEBIT** the bank accounts listed for **LGIP contributions**.

Please verify ACH instructions with your financial institution before completing this form and verify that an ACH Debit Block is **NOT** placed on your account. If there is a block on the account, please provide your bank our two Company IDs: _____ . This will allow OST to debit the account. If you have any questions, please email accounting@treasury.ga.gov.

We **DO NOT** wish to participate in the ACH funds transfer program for all of our accounts or for the following accounts: _____ . We understand that we will be responsible for sending a wire for any contributions made to a Georgia Fund 1 account not included in the ACH funds transfer program.

This form does not need to be notarized, but the authorizing signature must be someone on the current resolution. Any changes to this form can be faxed to 404-657-9066 or emailed to accounting@treasury.ga.gov. The original form does not need to be mailed.

Authorizing Signature

Print Name

Date

