AUTHORIZED SIGNATURE CARD
FOR DRAWDOWN OF PROCEEDS
UNDER GEFA PROGRAMS

Name of Recipient: **CITY OF HAPEVILLE**	GEFA Project Number **DW2018015**

SIGNATURES OF OFFICIALS AUTHORIZED TO DRAW ON THE CITED PROJECT

☐ ONLY ONE SIGNATURE REQUIRED ON PAYMENT VOUCHERS

OR

☐ ANY TWO SIGNATURES REQUIRED TO SIGN OR COUNTERSIGN

Typed Name and Signature	Typed Name and Signature
Typed Name and Signature	Typed Name and Signature

I certify that the signatures above are of the individuals authorized to request payment under the project cited above.
(The attesting official below cannot be one of the officials that is named above as authorized to sign draw requests)

SIGNATURE OF ATTESTING OFFICIAL (Recipient) _____ DATE _____

Georgia Environmental Finance Authority
Fiscal Services Division
233 Peachtree St NE
Ste 900
Atlanta, GA 30303-1506
Phone: 404-584-1000
fiscal@gefa.ga.gov

Electronic Funds Transfer via ACH Authorization Form

VENDOR INFORMATION	
Contract, Grant, or Invoice Number, if same banking information for all items, please type "ALL" ⇨ DW2018015	
Legal Name of Vendor CITY OF HAPEVILLE	**Tax ID or EIN – enter in area directly below** 58-6000511
Physical Address 3468 NORTH FULTON AVENUE	**Mailing Address (if different from Physical Address)**
City, State, Zip Code HAPEVILLE, GA 30354	**City, State, Zip Code**
Phone Number	**Fax Number**
Website Address	**Email Address for Deposit/Withdrawal Notifications**
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**

PLEASE ATTACH VOIDED CHECK(S)/DEPOSIT TICKET(S). THIS FORM CANNOT BE PROCESSED WITHOUT THEM.

DEPOSITS	
Bank Name	**Bank Phone Number**
Branch Address	**City, State, Zip Code**
Transit Routing/ABA Number (9-Digits)	**Bank Account Number**

WITHDRAWALS	
Bank Name	**Bank Phone Number**
Branch Address	**City, State, Zip Code**
Transit Routing/ABA Number (9-Digits)	**Bank Account Number**

The Vendor hereby authorizes the Georgia Environmental Finance Authority (GEFA) to initiate electronic entries to the account(s) listed above for any amounts payable to and due from the specified account(s), upon GEFA's notice to the Bank. GEFA reserves the right to reclaim any amounts deposited by GEFA to which the Vendor is not entitled upon prior notification to the Vendor. The Vendor further authorizes and directs the Bank to accept such deposits and to permit such withdrawals.

This authorization is to remain in force until GEFA has received written notification from Vendor 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
Secondary Authorized Signature	Title

Instructions for Completing the Electronic Funds Transfer via ACH Authorization Form

Vendor Information:

1. **Please reference the contract, grant, or invoice number. If all items remitted to our office for payment or withdrawal will use the same banking information, please enter "all." If there are different bank accounts used for various items, please complete a form for each and specify the proper information, i.e., loan number, invoice number, or grant number, etc.**
2. **Enter legal name of the vendor along with Tax ID or EIN.**
3. **Enter physical address where your office is located.**
4. **Enter mailing address for our records.**
5. **Enter city, state, and zip code.**
6. **Enter phone number and fax number.**
7. **Enter organization website address.**
8. **Enter email addresses for payment and withdrawal notifications.**
9. **Enter primary contact name and title for the organization.**
10. **Enter phone number and email address of the primary contact.**
11. **Enter a secondary contact name and title for the organization.**
12. **Enter phone number and email address of the secondary contact.**

Attach a voided check or voided deposit ticket that shows the correct banking information.

Deposits:

1. **Enter bank name where funds are to be deposited by GEFA.**
2. **Enter bank phone number.**
3. **Enter address of the branch where you frequently bank.**
4. **Enter city, state, and zip code of the bank.**
5. **Enter transit number/ABA number of the bank where deposits should be made.**
6. **Enter bank account number of the bank where deposits should be made.**

Withdrawals:

NOTES: This section is only for customers whereby GEFA debits the account for repayment of a loan or specific invoice. You may use the same account as deposits or you may elect to use a different account. If you are using the same account, please type or print legibly "SAME ACCOUNT AS ABOVE." If using a different account, please follow the same steps as those for "deposits" above for the account to be debited.

Sign and date the form. Additionally, please have another person verify the information on the form. Attach a voided check or deposit ticket as further verification of banking information.

For grant and loan recipients, there is no requirement that you must have a separate bank account. However, you must differentiate each subaward within your financial systems by a separate project or unique identifier that summarizes all costs per agreement or project.

If there are any questions regarding the completion of this form, please contact the Fiscal Services Division at 404-584-1000 or send an email to fiscal@gefa.ga.gov.