

Office of Motor Vehicles
PO Box 64886
Baton Rouge, LA 70896

Authorization Agreement for Preauthorized Payments

Dealerships/Financial Institutions/ License Tag Agents/Motor Vehicle Title Companies:

I hereby authorized the Office of Motor Vehicles, through the Department of Public Safety and Corrections, Office of Finance and Management, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my _____ Checking or my _____ Savings account (select one) indicated below and the financial institution named below, to debit and/or credit the same to such account.

Financial Institution Name: _____
Branch: _____ Account Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Either party may terminate this agreement. The Department of Public Safety and Corrections may also suspend this agreement in accordance with the rules.

Payer's Name: _____
(Please Print or Type)

Authorized Signatures: _____

Date: _____

DPS Appointing Authority or Designee

Signature: _____

Date: _____

To Be Completed by the Participation Financial Institution

Above Account Number Correct? Yes ___ No ___ Correct No: _____

Participate in Automated Clearing House (ACH)? Yes ___ No ___

Financial Institution's Transit/ABA No: _____

(For use with ACH transactions)

Authorized Officer: _____ Title: _____

(Please Print)

Signature: _____ Date: _____