

Electronic Fund Transfer

In order to make the processing of batch files more convenient, the Office of Motor Vehicles offer “electronic fund transfer” as an option for the manner in which work is processed. To exercise this option a company will be required to adhere to the following:

- Complete the attached “Authorization Agreement for Preauthorized Payments” in its entirety and submit it to:
 - Department of Public Safety and Corrections
Attn: Office of Management & Finance
Post Office Box 66909
Baton Rouge, LA 70896An account in the company’s name, subtitled “Motor Vehicle Account” may be Utilized.
- Locate a banking facility that has the ability to utilize an “Automated Clearing House”
- Submit a voided check

After the Department of Public Safety and Corrections had verified the accounts and determined them to be in good standing, the company will be approved for participation in this program.

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: _____