APPENDIX C OKLAHOMA TAX COMMISSION AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT) - ACH DEBIT

Complete section concerning the contact person this agency may call. Indicate which tax(es) will be payed by EFT and note the Tax Account Number for each tax to be paid.

COMPANY INFORMATION

	Company/Organization:	Tax Acct/Permit Number	Tax Type	
	Address:			
	Contact Person's Name:			
	Telephone No. (including Area Code):			
	FAX No. (including Area Code):			
	FEI Number:			
Signa	ture and Title of Authorized Official:		******	
instit my a	ants. This authority will remain in effect until I notify you in ution a reasonable opportunity to act on it. I can stop payme ecount is charged. I can have the amount of an erroneous chance of my financial institution statement or 60 days after pos PLEASE ATTACH A CO	nt of any entry by notifying my financial arge immediately credited to my account	institution 3 days b	
Name of Financial Institution:		Address of Financial Institution:		
<u>Che</u>	cking Account No	(or) Savings Account No		
Fina	ncial Institution Routing No. (Between these symbols : : on the be	ottom left of your check):		
Progr	by authorize the Oklahoma Tax Commission to use the above informam. This authority is to remain in full force and effect until the Oklahoma authorized officer. I will comply with the Electronic Funds Trans	lahoma Tax Commission has received a writt	en termination notific	cation
	ture of Authorizing Official:		******	****
		ISSION MAILING ADDRESS Fransfer Processing		
PO Box 53248				

EFT Revision Date: July 27, 2000 Page 23

Oklahoma City, OK 73152-3248