



MISSISSIPPI SECRETARY OF STATE
AUTHORIZATION AGREEMENT

ACCOUNT NAME		FEIN	DATE
ACCOUNT AGENT/REPRESENTATIVE EMAIL ADDRESS • CORPORATE ACCOUNT			
BANK (DEPOSITORY) NAME		BANK'S STREET/BOX	* The email address is where the e-account number will be transmitted for the corporate account.
BANK'S CITY		BANK'S STATE	BANK'S TELEPHONE
TRANSIT ROUTING NUMBER		BANK'S ZIP CODE	
BANK ACCOUNT NUMBER			
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I (we) hereby authorize the MISSISSIPPI SECRETARY OF STATE, hereinafter called STATE, to initiate debit and credit entries to my (our) Checking account or Savings account indicated above and the DEPOSITORY named above, hereinafter called DEPOSITORY, to debit or credit the same to such account. This authority is to remain in full force and effect until STATE and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford STATE and DEPOSITORY a reasonable time to act on it.

ACCOUNT AGENT/REPRESENTATIVE NAME _____ SIGNATURE _____

ACCOUNT AGENT/REPRESENTATIVE NAME _____ SIGNATURE _____

PLEASE MAIL COMPLETED FORM TO: SECRETARY OF STATE, OFFICE OF BUSINESS SERVICES, PO BOX 136, JACKSON, MS, 39205-0136. ATTACH VOIDED CHECK (IF APPLICABLE).

UCC-AACH (6/02)