

WEST VIRGINIA MUNICIPAL BOND COMMISSION

900 Pennsylvania Avenue
Suite 1117
Charleston, WV 25302
(304) 558-3971

Direct Debit Authorization Form

Please complete the following information

Issuer Name _____

Address _____

Phone Number _____

I hereby authorize the State of West Virginia, hereinafter called State, to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any debt entries in error into the bank accounts indicated below and the Financial Institution named below, hereinafter called Depository, to debit the same any amount(s) in order to make payments to the West Virginia Municipal Bond Commission. This authority is to remain in full force and effect until State has received written notification from me of its termination in such time and in such manner as to afford State and Depository a reasonable opportunity to act on it.

In the event of a change of bank account numbers, I will notify the West Virginia State Treasurer's Office and the Municipal Bond Commission as soon as possible. I will provide a reasonable amount of time for the change to occur. I understand that a transaction might be reversed or corrected in the event of an error.

Bank Name	Bank Routing #	Bank Account#	List Type Checking / Savings
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Authorized Person Title Date