For your convenience, this form may be completed on line. Every section must be completed, print the form, and mail the completed form with an original signature of the agent/representative to the address below.

MISSOURI SECRETARY OF STATE

AUTHORIZATION AGREEMENT

Print Reset

AGENT/REPRESENTATIVE NAME	FEIN	DATE
AGENT/REPRESENTATIVE EMAIL ADDRESS - CORPORATE ACCOUNT *	* The email address is where the e-account number will be transmitted for the corporate account.	
BUSINESS NAME	BUSINESS ADDRESS	
BUSINESS CITY	BUSINESS STATE	BUSINESS ZIP
BANK'S (DEPOSITORY) NAME	BANK'S STREET/BOX	
BANK'S CITY	BANK'S STATE	BANK'S ZIP CODE

TRANSIT ROUTING NUMBER

[ ]

BANK ACCOUNT NUMBER

I (we) hereby authorize the MISSOURI SECRETARY OF STATE, hereinafter called COMPANY 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 COMPANY and DEPOSITORY has received written notification from me (or either of us) of its ter mination in such time and in such manner as to aff ord COMPANY and DEPOSITORY a reasonable time to act on it.

AGENT/REPRESENTATIVE NAME	SIGNATURE
AGENT/REPRESENTATIVE NAME	SIGNATURE

PLEASE MAIL COMPLETED FORM TO: SECRETARY OF STATE, CASH MANAGEMENT SECTION, PO BOX 778, JEFFERSON CITY, MO 65102-1767. ATTACH VOIDED CHECK (IF AVAILABLE).