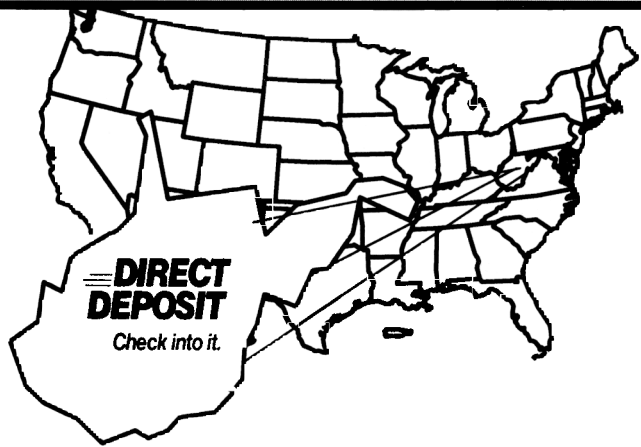




The State of West Virginia



(Turn Over For Instructions)

Corporate Information

1. FEIN Number: _____ Loan # _____
2. Telephone Number: _____
3. Corporation Name: _____
4. Address: _____

Financial Institution



PLEASE NOTE

*This Form
MUST BE
accompanied by a
voided check or it
WILL NOT
be processed.*

1. Name of Financial Institution: _____
Branch: _____
2. Address: _____

3. Corporate Checking Acct. Number: _____

ATTACH A VOIDED CHECK !

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 debit entries in error into my Checking account indicated above and the Financial Institution named above, hereinafter called DEPOSITORY, to debit the same any amount(s) owed by me to the State of West Virginia. 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.

(Authorized Signature)

(Date)

*Please complete form and return to
West Virginia State Treasurer's Office/EFT
1 Players Club Drive
Charleston, West Virginia 25311
Fax Number (304) 558-4179*

EFT AUTHORIZATION

PLEASE READ THIS CAREFULLY.

1. Please send a VOIDED CHECK from your account.
2. It will take a minimum of 10 days to verify your account information.
3. If you have any questions about completing this form, call the WV Economic Development Authority at (304)558-3650 .