

**ARKANSAS STATE TREASURY
ACH TRANSACTION AUTHORIZATION**



_____ hereby authorizes the Arkansas State Treasury to initiate electronic DEBIT/CREDIT TRANSACTIONS to the below referenced account for purchases, redemptions and payments of State Treasury Investments:

Financial Institution: _____

ABA Number: _____

Account Number: _____

Please provide a contact name, mailing address and phone number for our records:

AUTHORIZED BY:

Name

Signature

Title

Date