



Official Use Only

Electronic Funds Transfer Authorization Form

(for change of account only)

Agent ID
<input type="checkbox"/> Verified against original application.

Please complete all sections of application

1. Name of Business _____ Business Phone: _____

Business Address (No P.O. Boxes): _____
Street City State Zip

Primary Business Contact Name: _____

Home Phone: _____

2. Effective Date of Change _____

Bank Name		Phone Number	
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing Number (9 digits)	Account Number	

I authorize the State of Ohio, Division of Wildlife, to withdraw funds from the above referenced account for payment of sales of fish and wildlife licenses and permits.

Account Holder Name PRINTED _____

Signature of Account Holder _____ Date: _____

Attach a voided check or deposit slip.

Please mail original documents to:

**ODNR Division of Wildlife
License Agent Application/Fiscal
2045 Morse Road, Bldg. G-2
Columbus, Ohio 43229-6693**

**Phone 1-800-945-3543
FAX 1-614-263-8144**