

**TDOA Electronic Funds Transfer Request Form**

Financial Institution Name: \_\_\_\_\_

ABA/Routing Number: \_\_\_\_\_

Account Type (check one):      Savings       Checking

Account #: \_\_\_\_\_

Information provided and authorized by: \_\_\_\_\_

(Please print name and title)

Signature and Date: \_\_\_\_\_

(Signature)

(Date)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Please check one of the items below to include interest and/or principal payments on any state TDOA funds.

- We authorize the State of Wyoming to originate the appropriate debit from our above listed account for interest payments or principal return.
  
- We will originate the appropriate credit to the State of Wyoming from our account for interest payments or principal return.

**Please scan and email to [sto-pubdep-tdoa@wvo.gov](mailto:sto-pubdep-tdoa@wvo.gov)**