

South Dakota
Division of Banking



1601 N. Harrison Ave., Suite 1
Pierre, SD 57501
Phone (605) 773-3421
Fax (866) 326-7504

SD TRUST COMPANY ACH AUTHORIZATION AGREEMENT FOR ANNUAL SUPERVISION FEE

Name of Trust Institution: _____ hereby authorizes the State of South Dakota Division of Banking to initiate **debit/credit** entries to our account(s) as indicated below. We agree to have available funds in our account on the designated date to effect this transfer.

Name/Title of Contact Employee: _____

Contact Employee Email: _____

Contact Employee Phone: _____

The following information is specific to the financial institution at which the applicable account is held:

Financial Institution Name: _____

Address/City/State/Zip: _____

Type of Account: Checking Savings

Routing Number: _____

Account Number: _____

Frequency of Transfers: **Annually**

Date/Day of Transfers: **On or about the 45th day following the quarter ended December 31**

All transfer amounts shall be calculated in a manner consistent with Chapter 20:07:22 of the Administrative Rules of South Dakota.

By signing below, I hereby authorize the State of South Dakota Division of Banking to initiate ACH transactions to the account listed, as described above.

Name and Title of Authorized Signor

Authorized Signature

Date