

Authorization Agreement for Wire Transfer Services

- Public School Capital Outlay (PSCOC)
- Capital Improvements (SB 9)
- "Special" Capital Outlay – Direct Legislative Appropriation

SUBMIT TO:

**Public Education Department
Jerry Apodaca Education
Building Capital Outlay Bureau
300 Don Gaspar, Room G6
Santa Fe, New Mexico 87501-2786**

Please type or print in ink all required information.

THIS AGREEMENT authorizes the State of New Mexico, Department of Finance and Administration and Office of the State Treasurer, hereinafter referred to as the STATE to implement the necessary accounting and processing procedures to wire transfer payments into the account of \$ _____, hereinafter referred to as the PAYEE, in lieu of issuing a STATE warrant to the PAYEE for payment of goods and services provided by the PAYEE.

- ACCOUNT INFORMATION -

Name on Account:

Account Number:

Type of Account: Checking Other/Type:

Bank Transit/Routing Number:

FINANCIAL INSTITUTION WHERE ACCOUNT IS LOCATED

Name:

Branch:

Address:

City, State, Zip:

It is understood that this authorization shall remain in full force and effect until the STATE has received written notification from the PAYEE of the termination of this authorization in such time and in such manner as to permit the STATE a reasonable opportunity to act upon it. It is further understood that a copy of this authorization will be made available, upon request, to the above financial institution as well as governmental entities involved in accounting and processing of payments to the PAYEE.

The PAYEE will hold STATE harmless from any and all loss whatsoever it may incur as the result of providing this service to the PAYEE arising from circumstances, which are not within the control of the STATE.

It is further agreed that notification will be given to the STATE immediately of all errors occurring in the PAYEE'S account as identified above, as the result of incorrect account entries so that the STATE may take appropriate remedial action. The PAYEE agrees to reimburse the STATE the full amount of any excess, illegal or erroneous payment made to the PAYEE'S account by the STATE.

SIGNED: _____ **DATE:** _____

TYPED NAME & TITLE: