



# Electronic Funds Transfer Authorization Form

→ **Business / Individual Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Email Address:** \_\_\_\_\_

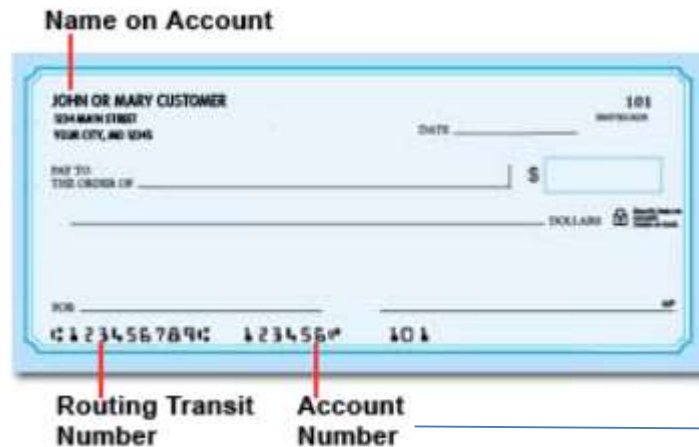
As a duly authorized check signer on the financial institution account identified below, I / We authorize \_\_\_\_\_ to perform scheduled or periodic electronic funds transfer credits \_\_\_\_ and or debits \_\_\_\_ to our account identified below for payments due or when authorized.

**Financial Institution:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

Attach a blank voided check copy to utilize as validation of the account and data.



I / We understand and authorize all of the above as evidenced by my signature below.

**AUTHORIZING SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_