



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

The information concerning your financial institution will be used to make electronic funds transfer (EFT) payments that are due and approved for payment for the names listed below. **PLEASE NOTE: EFT payments can only be made to checking accounts.**

Owner One/Legal Business Name: _____

Owner Two: _____

A VOIDED CHECK OR THE ACCOUNT NUMBER ON BANK LETTERHEAD MUST BE RETURNED WITH THIS FORM IN ORDER TO COMPLETE AN EFT.

Please fill out the following:

Name of Financial Institution _____

ABA (Bank Routing #) _____

Account Number _____

Name(s) on the Account _____

AUTHORIZING SIGNATURE: By signing this document, you are authorizing EFT payments to be sent to the above account.

Owner 1/Authorized Business Representative signature:

Date:

Owner 2 signature:

Date:

Phone Number:
