

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Yes, I would like to take advantage of the security and convenience of electronic funds transfer scheduled or periodic payments.

As a duly authorized check signer on the financial institution account identified below, I authorize you to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize, (Merchant) _____, Inc., to collect a returned item fee of \$25.00 per item by electronic debit from my account identified below.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.

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

AUTHORIZING SIGNATURE: _____ DATE: _____

Financial Institution account “identifying information”:

Enter financial institution account information into the fields provided below or attach a blank VOID check.

Complete or attach Blank VOID Check here.	Financial institution:		Branch:	
	City:		State:	ZIP CODE:
	Transit/ABA #		Account #	

Example

Financial Institution

510 Money St. 00001
Anycity, ST. 00000

John Doe
123 Street
Anycity, ST. 00000

Date _____

Pay to the Order of _____ \$

Dollars

Memo _____

*:: xxxxxxxxxx *:: 0000 0000 000000 *::

This is the 9 digit Transit / ABA Bank Routing number.

The Account number is usually to the right of the Routing number. Some Financial Institutions add the check number between the Routing and Account numbers