## Electronic Funds Transfer Authorization Form

- **1. I the undersigned, certify** that I am a signer on the account listed below with the authority to grant this authorization.
- 2. I the undersigned, certify that <u>"Enter Subscriber Name Here"</u> or any agents of <u>"Enter Subscriber Name Here"</u> is authorized to debit the account referenced below via draft (ACH) or other Electronic Funds Transfers (EFT).
- **3. I the undersigned, certify** that the bank referenced below is hereby requested, authorized and directed to honor and treat as authorized, checks, drafts or moneys drawn in my name in accordance with this authorization.
- **4. I the undersigned, certify** that in the event any such draft or EFT is returned unpaid, I agree to have the account referenced below debited electronically or otherwise drafted for an item fee of plus any applicable taxes. "Enter Fee Here",
- **5.** I the undersigned, [ (if checked) authorize <u>"Enter Subscriber Name Here"</u> to initiate recurring EFT drafts on the account to pay outstanding balances and obligations as they become due.
- **6. I the undersigned, certify** that this authorization shall remain in effect and the authority herein given to <a href="">"Enter Subscriber Name Here"</a> shall remain irrevocable until <a href="">"Enter Subscriber Name Here"</a> receives written notice of revocation of such authority. Revocation shall not affect any action taken prior to receipt of such notice.

Customer/Company Name:			
Street Address:			
City:	State:	Zip code:	
Phone:	Fax:		
Bank Name:			
ABA/Transit Routing # :	Accou	nt Number:	
Authorized Signature:			
Name/Title:		Date:	