

Electronic Fund Transfers (EFT)

A pre-printed void check or a signed letter from your bank must accompany this form. The following information must be pre-printed (cannot be handwritten) on your document: account holder's name, routing number, and account number. Starter checks and deposit slips cannot be accepted.

Account Holder Name: _____

Routing #: _____ Account #: _____

Account Type: Checking Savings

Financial Institution Name: _____

Branch Address: _____

City: _____ State: _____ Zip: 1111

By signing below, I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature: _____ Date: _____

Electronic signatures will not be accepted

Please attach a copy of a pre-printed void check or a signed letter from your bank. The following information must be pre-printed (cannot be handwritten) on your document: account holder's name, routing number, and account number. Starter checks and deposit slips cannot be accepted.