**{Organization Logo}**

**Authorization Agreement for Electronic Funds Transfer (EFT)**

Check appropriate box:

□ New EFT Account □ Change Bank Account □ Change EFT Payment Method □ Change Contact Information

# SECTION I

Entity Name

Entity Address (number, street, box number) Entity Address (city, state and ZIP code)

Entity Identification

Daytime Telephone ( )

FAX Number

Contact Person

Contact Address (number, street, box number) Contact Address (city, state, and ZIP code)

E-Mail Address

Contact Daytime Telephone

**Complete Section II below.**

# SECTION II

{Organization name} is hereby authorized to process debit entries to the bank account identified below upon initiation by the above-named entity. This authority is to remain in full force as mutually agreed.

Signature Signature

Print Print

Title Title

Date Date

Bank Name and Address

Bank Account Number

Method(s) to be used in communicating payment information:

□Telephone □­­­­­­­Personal Computer

Bank Transit and Routing Number

□ Checking □ Saving

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