

Electronic Funds Transfer (EFT) Authorization Form

Account Holder Information

Name of Account Holder

Contact Number

Email Address

Mailing Address

Bank Account Information

Bank Name

Routing Number

Account Number

Account Type

Checking Savings

Authorization

I hereby authorize _____ (Company/Organization Name) to initiate electronic credit/debit entries to my account at the financial institution named above, and if necessary, debit entries and adjustments for any credit entries made in error.

This authorization will remain in effect until I provide written notification of its termination.

Signature of Account Holder

Date

Important Notes:

- Ensure all account information is accurate to avoid transaction delays or errors.
- This form must be signed and dated by the authorized account holder.
- Keep a copy of this document for your records.
- Notify the company immediately of any changes to your bank account information.
- Authorization can be withdrawn at any time by submitting written notice.