

Electronic Funds Transfer Authorization Form

ightarrow Business / Indivi	dual Name:
Address:	
Phone Number: (()
Email Address: _	
We authorize periodic electronic	ed check signer on the financial institution account identified below, I to perform scheduled or to perform scheduled or cfunds transfer credits and or debits to our account or payments due or when authorized.
Type of Account	Checking Savings
Financial Institut	ion:
Routing Number	·
Account Number	·····
I would like my to	uition pulled: Weekly Bi-Weekly Monthly
	Name on Account
Attach a blank voided check copy to utilize as validation of the account and data.	Routing Transit Account Number Number

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

AUTHORIZING SIGNATURE: _____ DATE: _____