

## 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: \_\_\_\_\_

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.*