



Electronic Funds Transfer Authorization Form

Your Name

First

Last

Phone Number

Account Number

Service Address

Street Address

City

State

Zip Code

Bank Name

Type of Banking Account

Checking

Savings

Bank Routing Number

Bank Account Number

Voided Check

Please attach a copy of a Voided Check for account verification.

Member Consent

I hereby verify the above information to be true and complete. .

Member Signature (Full Name)