

(LETTER HEAD)

**ELECTRONIC FUNDS TRANSFER
Authorization/Request Form**

(Please Print)

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Bank Name _____

Routing Number _____

Account Number _____

Amount per Month \$ _____

Start Date _____ through _____

Signature _____ Date _____

Please attach a voided check.

All EFT withdrawals will be processed on the 15th of each month.

(CHECK)