



ELECTRONIC FUND TRANSFER (EFT) FORM

COMPANY NAME: _____

COMPANY ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS FOR
ACCOUNTS RECEIVABLE
CONTACT: _____

AUTHORIZED PERSON: _____

TITLE: _____

DATE: _____

BANK NAME: _____

BANK ROUTING NUMBER
FOR ACH PAYMENTS: _____

(FOR ACH PAYMENTS ONLY-NOT FOR WIRE TRANSFERS)

BANK ACCOUNT NUMBER: _____

BANK ACCOUNT TYPE: _____ CHECKING _____ SAVINGS