



**ELECTRONIC FUNDS TRANSFER FORM**

If you would like to receive payment of your invoices by EFT, please complete the information below.

**ACCOUNT INFORMATION:**

Name on Account: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

**BANK INFORMATION:**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

\_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

**BANK ACCOUNT INFORMATION:**

Bank ABA/Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Account Type (Circle One):    Checking                      Savings