

Expedite Software

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

As a duly authorized check signer on the financial institution account identified below, I authorize (Company Name) \_\_\_\_\_ to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to check by phone payments as well as any other electronic payment.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds ( NSF ), I authorize, (Merchant) \_\_\_\_\_, Inc., to collect a returned item fee of \$20.00 per item by electronic debit from my account identified below.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.

I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Financial Institution account "identifying information":

Enter financial institution account information into the fields provided below or attach a blank VOID check.

Table with 3 rows and 3 columns for financial institution information: Attach Blank VOID Check here., Financial institution:, Branch:, City:, State:, ZIP CODE:, Transit/ABA #, Account #.

Example

Example check form showing fields for Financial Institution, Date, Pay to the Order of, Amount, Memo, and MICR line.

This is the 9 digit Transit / ABA Bank Routing number.

The Account number is usually to the right of the Routing number. Some Financial Institutions add the check number between the Routing and Account numbers