

## Electronic funds transfer (EFT) authorization

- ### **Contract or policy information**

Account holder name

Date of birth

☐ Monthly

Maximum payment amount authorized

\$

Bank account owner name(s)



Bank account owner address

•

Financial institution name



Routing number

**1**

Checking account number

**Abstract**

★**জানকি** **এক**  
সংস্করণ

ACB FILE 03234567

For \_\_\_\_\_

\_\_\_\_\_

- You will withdraw the scheduled bill payments from my account
- You will only consider a bill paid if a draft is honored by my financial institution.
- You may discontinue withdrawals at any time and bill me directly.
- I must contact you at least three business days before a scheduled withdrawal to change or cancel this authorization.

Signature of bank account owner

Date \_\_\_\_\_

*This institution is an equal opportunity provider and employer*