

Electronic Funds Transfer (EFT) Consent

Please read and provide your consent to authorize electronic funds transfers to and from your designated account.

Account Holder Information

Full Name:

Email Address:

Bank Name:

Account Number:

Routing Number:

Consent

By signing below, I authorize electronic funds transfers to and from my account as specified above. I acknowledge that I have read and agree to the terms and conditions of the Electronic Funds Transfer Agreement.

☐ I agree to the Electronic Funds Transfer Agreement.

Signature:

Date: