



Agency Name: \_\_\_\_\_

Business/Account Name: \_\_\_\_\_

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

Account Type (Savings or Checking): \_\_\_\_\_

**Please attach a copy of a voided check or deposit slip of the account where the monies should be deposited.**

**Monthly Statements**

The monthly statement will be emailed to the contact person below, which can then be matched to the EFT deposit into your authorized account. This authorizes deposits only.

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

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

E-mail: \_\_\_\_\_

**Authorized Signer**

Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_