

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Account Holder Information:

Full Legal Name: _____
Billing Address: _____
City, State, ZIP Code: _____
Phone Number: _____
Email Address: _____

Bank Account Information:

Bank Name: _____
Bank Address: _____
City, State, ZIP Code: _____
Routing Number (ABA): _____
Account Number: _____
Account Type: _____ Checking Savings

Authorization:

I hereby authorize the Company to initiate debit entries to my bank account indicated above for payments due under the terms agreed upon between the parties. I understand that this authorization will remain in effect until I notify the Company in writing to revoke it, allowing a reasonable time for the Company to act on the revocation.

Payment Information:

Payment Amount (USD): _____
Payment Frequency: _____
First Payment Date: _____

Terms and Conditions:

1. Authorization Validity

This authorization constitutes a legal and binding agreement between the Account Holder and the Company and remains effective until revoked in writing by the Account Holder.

2. Payment Processing

The Company will process payments in accordance with the payment schedule and amounts specified above. Payments will be deducted directly from the Account Holder's bank account.

3. Insufficient Funds

If a payment is returned due to insufficient funds, the Company reserves the right to charge any applicable fees and to collect the payment via alternative methods.

4. Revocation

The Account Holder may revoke this authorization by providing written notice to the Company at least 10 business days before the next scheduled payment.

5. Liability

The Company is not liable for any bank fees or charges incurred due to payments made under this authorization, except when caused by the Company's negligence or willful misconduct.

6. Governing Law

This authorization shall be governed by and construed in accordance with the laws of the United States and the applicable state laws without regard to conflict of law principles.

7. Disputes

Any disputes arising out of or relating to this authorization shall be resolved through binding arbitration in accordance with the rules of the American Arbitration Association.

8. Privacy

The Company will maintain the confidentiality of the Account Holder's information and will not disclose such information except as required by law or as necessary to effectuate payments.

9. Entire Agreement

This document constitutes the entire agreement between the parties with respect to Electronic Funds Transfer and supersedes all prior agreements, understandings, or representations.

10. Amendments

Any amendments or modifications to this agreement must be made in writing and signed by both parties to be effective.

ACCOUNT HOLDER SIGNATURE

AUTHORIZED COMPANY SIGNATURE

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

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