

Authorization for Electronic Transfer of Funds

To begin the electronic transfer of funds, please complete the following:

checking or savings account

Name of member (please print): _____

Spending Account ID or Social Security Number: _____

Employer's Name (if applicable): _____

Bank name: _____

Bank telephone number: _____

Bank ABA Routing Number: ____ _

(The ABA routing number is the nine-digit number located in the bottom left corner of your check or deposit slip)

Bank Account Number: _____

Signature of Bank Account Holder _____ Signature Date: _____

Please allow 10-15 business days from the date this form is received by Further for your request to be processed.