

Electronic Funds Transfer (EFT) Authorization Agreement

Transaction Type New Set Up	or 🗌	Cancellation	or [nge of nation	Request Date	
Customer Information							
Customer Name:							
Alternate Name:							
Customer Address:							
Street Address		City		State	Zip Code	Phone Number	
Additional							
Location**:	· · · · · · · · · · · · · · · · · · ·			-1 1 15-4		Hair farmer	
** List all locations this bank information applies to. If more room is required, please list on the back of this form.							
Banking Information			Auth	norization			
Bank Transit No / ABA Account No.				I authorize and request Spring Lake Township (SLT) to debit my bank account as invoices become due. If a debit is dishonored, the bank will not have any liability. I will be charged the applicable return transaction fee when payments are dishonored. This authority is to remain in full force until SLT has received written notice from me of its termination, in such time and manner as to afford SLT a reasonable time to act upon it. By signing this authorization, I acknowledge that I have read and agree to the conditions set forth in this agreement. Customer Signature:			
Bank Address:							
Dark Addiess.							
Street Address	C	ity		Phone I	Number	Date (mm/dd/yy)	
State Zip Code Phone Number Bank Transit/ABA(9 digits): Account No.:			Or Mo Spr 203	Scan and email the completed form and voided check to: davejohnson@springlaketownship.com Or Mail the completed form to: Spring Lake Township Attn: Dave Johnson 20381 Fairlawn Avenue, Prior Lake, MN 55372			
Please use this form to notify us immediately if your banking				Questions? Email <u>davejohnson@springlaketownship.com</u> or call (952)492-7030			

The individually identifiable and financial information on this form collected by Spring Lake Township is used only for the purpose of payment of customer invoices and will not be disclosed to anyone other than the claimant or his/her legal representative.