

Electronic Funds Transfer Authorization Form

I/we hereby authorize **Center State Bank** to initiate **EFT** (automatic withdrawals) from my/our checking account for credit to the below-named account on the **5th day** of each month in the amount of \$_____. This authority will remain in effect until I/we notify **Center State Bank** otherwise. I/we further agree that this amount may change as directed by the board of _____, and that I authorize **Center State Bank** to make whatever changes are necessary to the amount of the **EFT** debit entry.

Name of Your Bank: _____

The account number to be debited#: _____

Your Bank's Routing/Transit Number: _____
(9-digit number found on lower left side of check)

ACCOUNT # : _____

The name of the account to be credited is _____

Account Owner Signature: _____

Account Owner Name: _____

Phone Number: _____

Email Address: _____

(Date When First Payment is to be debited from account.)

Date this form was signed: _____

PLEASE INCLUDE A VOIDED CHECK!!!

Send to:

- **Karen Boike** – kgehron@lippmanfc.com
- **Jennifer Sharp** – Jennifer@oxygenmgmt.com