801 N Main | PO Box 788 | Friona, TX 79035 | Phone (806) 250-3991 | Fax (806) 250-3990

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Name of Business _____ Contact Person _____

Main Telephone (____) _____ email address _____ Fax (_____) _____

Address _____ City _____ State _____ ZIP _____

Bank Name _____ Branch _____

Bank Address _____ City _____ State _____ ZIP _____

Bank Telephone (____) _____ ABA (Routing Number) _____ Account Number _____

CUSTOMER AUTHORIZATION

I do certify that I have the full capacity and authority to so authorize and direct.

_____
Authorized Signature

_____
Printed Name

_____
Title

_____
Date

PLEASE ATTACH A BLANK VOIDED CHECK ON YOUR BANK BELOW