

EFT VENDOR AUTHORIZATION

I authorize PACT for West Central IL and the financial institution listed below to initiate credit entries each pay period, and if necessary debit entries and adjustments for any credit entries in error to the account listed below. This authority will remain in effect until I have canceled it in writing and the Fiscal Officer receives it or upon leaving employment.

Please mark 1, 2, or 3:

- 1. Initial election to participate in PACT's EFT program. I understand that my EFT voucher will be e-mailed to my work address, which is provided below.
- 2. I am currently participating in PACT's EFT program, and would like to change. (Make changes below in account information.)
- 3. Please cancel my participation in PACT's EFT program.

If 1 or 2 is marked above, please complete the following account information attach a voided check for verification of the financial information.

EFT Vendor Set Up Information	
Vendor Name:	
Vendor ID # (to be completed by PACT's Fiscal Officer):	
Bank Routing #:	
Bank Account #:	
Bank Account Type (check one):	
<input type="checkbox"/> Checking 22	
<input type="checkbox"/> Savings 32	
Vendor's E-Mail Address:	
Vendor's Signature:	Date: