

PO Box 1 • Kalispell, MT 59903 (406) 755-4321 • Fax (406) 756-8591 Email: credit@cityservicevalcon.com

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

I authorize CityServiceValcon and Glacier Bank (Po Box 27, Kalispell, MT 59903) to initiate debit or credit entries to my checking/savings account. This authority will remain in effect until I notify CityServiceValcon in writing to cancel it, in such time as to afford the bank a reasonable opportunity to act on it. This Agreement may be submitted directly to the contact information shown above.

1. Reason for Submission		
Indicate the reason for your sub	mission.	
Check ONLY one.	New EFT Enrollment□ Change to Current EFT Enrollment (e.g. account or bank changes)	
Indicate the starting date to begin drafting from your account 2. EFT Authorization for You	Effective Date MM/DD/YYYY customer account number (If applicable) Customer Account Number	
You must be an owner or authorized individual of the account at your financial institution.		
Check ONLY one.	Bank Account ☐ Checking ► Attach a voided check with your full name preprinted on it or a bank account verification letter. ☐ Savings ► Attach a deposit slip or a bank account verification letter.	
Complete this section and attach a voided check, deposit slip	Owner(s) Name(s) Exactly as shown on Bank Account	
(savings account only),	Bank Routing / ABA Number (9-Digits) Bank Name	
or bank account verification letter.	Checking or Savings Account Number	
3. Email for EFT Notifications		
Please indicate the Email address where you would like your EFT notifications sent.		
Enter Email address	Email Address	
4. Signature and Date Form cannot be processed without signature and date.		
I understand that the Automated Clearing House electronic funds transfer entry will only be accepted by my Financial Institution if sufficient funds are available in my account and I hereby agree to insure sufficient funds are on deposit		

prior to each EFT debit.

I understand that if I refuse or otherwise fail to make payment for a debit entry, this agreement and all other agreements between me and CityServiceValcon may be terminated by CityServiceValcon. In addition, I understand that I will be charged a handling fee.

OWNER/AUTHORIZED INDIVIDUAL SIGNATURE	PRINT OWNER/AUTHORIZED INDIVIDUAL NAME
TITLE	DATE MM/DD/YYYY

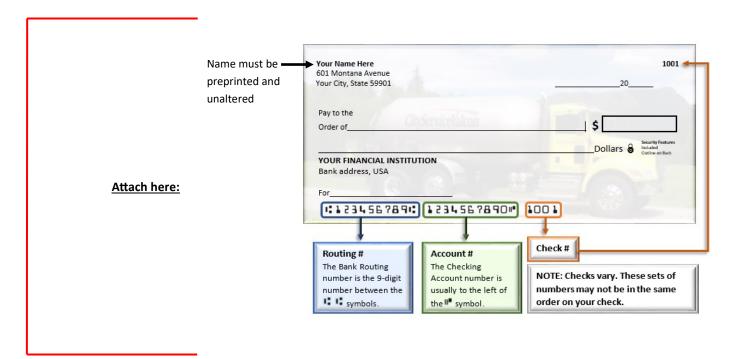
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5. Attachment of Verification

Option 1 Attach a copy of a check as shown below

Option 2 If you are submitting a bank account verification letter, it **must** be on Bank Letterhead and **must** identify the name as it appears on your account, the routing number and bank account number.



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