

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 submission.

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 ▶

Effective Date <i>MM/DD/YYYY</i>

Indicate your customer account number (If applicable) ▶

Customer Account Number

2. EFT Authorization for Your Bank Account

You **must** be an owner or authorized individual of the account

at your financial institution.

Bank Account

Check **ONLY one**. ▶

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 (savings account only), or bank account verification letter. ▶

Owner(s) Name(s) Exactly as shown on Bank Account	
Bank Routing / ABA Number (9-Digits)	Bank Name
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 <i>MM/DD/YYYY</i>

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.

Attach here:

Name must be preprinted and unaltered

The diagram shows a check with the following fields and callouts:

- Name:** Your Name Here, 601 Montana Avenue, Your City, State 59901. A callout points to this area with the text "Name must be preprinted and unaltered".
- Amount:** _____ 20 _____ Dollars. A callout points to the top right corner with the number "1001".
- Pay to the Order of:** _____
- YOUR FINANCIAL INSTITUTION:** Bank address, USA
- For:** _____
- Routing #:** A callout points to the first set of numbers (1 2 3 4 5 6 7 8 9 0) with the text: "Routing # The Bank Routing number is the 9-digit number between the [symbols] symbols."
- Account #:** A callout points to the second set of numbers (1 2 3 4 5 6 7 8 9 0) with the text: "Account # The Checking Account number is usually to the left of the [symbol] symbol."
- Check #:** A callout points to the third set of numbers (1 0 0 1) with the text: "Check #".
- NOTE:** Checks vary. These sets of numbers may not be in the same order on your check.