



EFT AUTHORIZATION

VENDOR INFORMATION

Company Name or Name of Individual: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Telephone #: _____

Remittance Email: _____

BANK INFORMATION

Name on Account: _____

Bank Name: _____

Bank Street Address: _____

City: _____ State: _____ Zip Code: _____

Bank Transit Routing # (ABA 9-digit number): _____

Bank Account Number: _____

Account Type: Checking Savings

I hereby authorize Premier Companies to initiate ACH credit entries in the account indicated above and if necessary, debit entries and adjustments for any credit entries in error to the account. This authority shall remain in effect until Premier Companies has received written notification of termination in such a time and manner to afford Premier Companies a reasonable opportunity to act on it.

PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION PURPOSES.

Signature _____

Date _____

PLEASE MAIL OR FAX COMPLETED FORM TO:

**Premier Companies
PO BOX 304, Seymour, IN 47274**

Fax Number 1-812-372-6801 Phone Number is 1-800-742-9385