

GENERIC ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Company / Financial Institution Name: _____

Account Holder Information:

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Bank Account Information:

Bank Name: _____

Branch Address: _____

Routing Number (ABA): _____

Account Number: _____

Account Type: _____ Checking Savings

Authorization Details:

I hereby authorize the above-named Company/Financial Institution to initiate electronic funds transfers (EFT) to/from my account as in

I acknowledge that the origination of ACH transactions to/from my account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until I notify the Company/Financial Institution in writing to terminate or modify

Transaction Information:

Type of Transaction: _____ Debit Credit

Transaction Amount: _____ USD

Frequency: _____ One-time Recurring

Effective Date: _____

Terms and Conditions:

1. The Account Holder certifies that all information provided is accurate and complete and authorizes the Company/Financial Institution to debit or credit the account listed above in accordance with this authorization. 2. The Account Holder agrees to indemnify and hold harmless the Company/Financial Institution from any claims, losses, or damages arising from incorrect or incomplete information provided by the Account Holder. 3. The Company/Financial Institution reserves the right to terminate this authorization upon written notice to the Account Holder. 4. The Account Holder understands that an ACH transaction is subject to the rules of the National Automated Clearing House Association (NACHA) and agrees to comply with such rules. 5. The Account Holder may revoke this authorization at any time by providing written notice to the Company/Financial Institution, allowing reasonable time for processing. 6. The Account Holder agrees to notify the Company/Financial Institution promptly of any changes to the account information provided herein. 7. This authorization is governed by and construed in accordance with the laws of the United States of America and applicable state laws.

Account Holder Certification and Signature:

I certify that I am authorized to initiate electronic funds transfers on the account identified above and that I agree to the terms outlined

Account Holder Signature	Authorized Company Representative
Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Title/Position: _____	Title/Position: _____
Date: _____	Date: _____

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