



Electronic Funds Transfer Application

Instructions

To **BEGIN** an electronic funds transfer (EFT), check "New" in the "Type of Application" section and carefully complete "Section A" below.

To **CHANGE** your Financial Institution, account number, or type of account, you must complete a new application indicating "Change" and follow instructions above.

Note: You should notify your financial institution of any changes or cancellation of your EFT

Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Change		
Section A: Please print or type.		
1. Applicant's Name (Last, First, Middle Initial)		
2. Street Address	3. City, State, Zip	
4. Department	5. Home Phone ()	6. Work Phone ()
I authorize AF Group (including subsidiaries) to initiate an electronic funds transfer (EFT) into the designated financial institution and account number listed below. I understand this authorization remains in effect until cancelled by: (a) myself, by death or legal incapacity; (b) the financial institution; (c) AF Group (including subsidiaries) or (d) upon separation		
7. Financial Institution Name	8. Account Number	9. Type of Account <input type="checkbox"/> Savings <input type="checkbox"/> Checking
10. Routing Transit Number (9 digits)	11. Email Address for Remittance	
12. Applicant's Signature		13. Date
For Finance Use Only		
Entered By:	Date:	Vendor ID:

Please return completed form to: ACHRequests@accidentfund.com