ES3 PLG

EFT Authorization Agreement

This form is used to establish, modify, or cancel electronic payment from ES3 PLG to your bank account. Please complete this form in its entirety and return to ES3 PLG. Completed form can be securely sent to ES3 PLG by FAX to 619-338-0324 or by US Postal Service to:

ES3 PLG
550 West C Street, Suite 1640
San Diego, CA 92101

This form can also be emailed to ES3 PLG at ap@es3plg.com.

Account Information

		Modify Bank or	Cancel
1.	Select One: New	Account Information	Authorization

2. Company Name: _____

3. Bank Name: _____

4. Account Type: Checking   Savings

5. 9-Digit Routing Number: _____ Account Number: _____

Authorization

I hereby authorize ES3 PLG to initiate entries to the bank account at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until ES3 PLG is notified in writing to cancel it in such time as to afford ES3 PLG and the financial institution a reasonable opportunity to act on it.

Name of Authorized Signer _____

Title of Authorized Signer _____

Signature of Authorized Signer _____ Date: _____