



# EFT Authorization Agreement

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

ES3  
550 West C Street, Suite 1630  
San Diego, CA 92101

This form can also be emailed to ES3 at ap@es3inc.com. Please password protect the file to ensure information is not compromised.

Kindly provide remittance advise email: \_\_\_\_\_

## Account Information

1. Select One:	New	Modify Bank or Account Information	Cancel Authorization
2. Company Name:	_____		
3. Bank Name:	_____		
4. Account Type:	Checking	Savings	
5. 9-Digit Routing Number:	_____	Account Number:	_____

## Authorization

I hereby authorize ES3 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 is notified in writing to cancel it in such time as to afford ES3 and the financial institution a reasonable opportunity to act on it.

Name of Authorized Signer \_\_\_\_\_

Title of Authorized Signer \_\_\_\_\_

Signature of Authorized Signer \_\_\_\_\_

Date: \_\_\_\_\_