



Eli Roberts and Sons, Inc.
P.O. Box 2588
Tallahassee FL 32316
Phone: (850) 576-3835
Fax: (850) 574-3788

**ELECTRONIC FUNDS TRANSFER
 AUTHORIZATION AGREEMENT**

_____	_____
Customer Name	Account #

Address	
_____	_____
City, State, ZIP	Telephone #
_____	_____
Federal Employer ID # or Social Security #	Fax #
_____	_____
Accounts Payable Contact Name	Phone/Ext.

The above-named customer hereby authorizes Eli Roberts and Sons, Inc. to initiate electronic funds transfers (EFT) from the bank account of the Financial Institution named below for withdrawal of funds to effect payments due--- "Debit Entries" and/or correction entries.

Bank/Branch: _____	Bank Acct #: _____
Address: _____	ABA Routing #: _____
City, State, ZIP: _____	
Contact: _____	Telephone: _____

The customer agrees to maintain sufficient funds in the above-designated bank account to pay EFT Debit Entries when initiated. The customer understands that this authorization will remain in effect until they notify Eli Roberts and Sons, Inc. in writing at the above address, and the above financial institution that they no longer desire this service, allowing reasonable time to act on this notice.

All other terms and provisions of other agreements between customer and Eli Roberts and Sons, Inc. remain in effect, except as expressly provided herein.

Printed Name & Title _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Please attach a voided check.