

Authorization Agreement for Electronic Funds Transfer

New Application Revised Application

EGWS Account Number:		EGWS ID Number: <u>68-0409700</u>	
Last Name		First Name	Initial
Address			
City		State	Zip
Home Phone Number ()		Work Phone Number ()	
Name of Bank, Savings or Credit Union			
Take funds from my (choose one) <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account			
Bank Routing Number (9 digits)		Account Number	
I hereby authorize EGWS to initiate debit entries from my account for the billed amount (indicated on my statement). This authorization is to remain in full force and effect until EGWS has received a 30 day written notification from me of its termination to allow EGWS and the Depository a reasonable opportunity to act on it.			
Signature		Date	

If paying through a checking account, please enclose a voided check with this agreement.