

# FEBCO Electronic Funds Transfer Agreement

PLEASE TYPE INFORMATION BELOW OR PRINT CAREFULLY IN CAPITAL LETTERS USING BLACK INK.

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	MI
SOCIAL SECURITY NUMBER	EMPLOYEE EMAIL ADDRESS	

EOB will not be provided without an email address.

Frank FEBCO 123 Any Drive BG, Ky 42564	5555	_____ 2 0 _____
PAY TO THE ORDER OF _____	\$ _____	
FINANCIAL INSTITUTION 000 BACK STREET ANYTOWN, USA 12345		
FOR _____		
:123456789:	:12345678910:	5555
<b>Transit/ABA Number</b>	<b>Account Number</b>	<b>Check Number</b>

**sample**

Banking Institution Name

City ST Zip Code

Transit/ABA Number

Banking Account Number

## EMPLOYEE AUTHORIZATION

I authorize FEBCO to initiate credit entries, electronically or by any other commercially accepted methods, and to initiate, if necessary, debit entries and adjustments for credit entries in error to my checking or savings account and (**MY EMPLOYER**) to credit and/or debit the same to such account. This authorization will remain in full force and effective until written notification has been received by **FEBCO**. After such notification, I will allow reasonable time for FEBCO to adjust my records accordingly.

EMPLOYEE SIGNATURE

DATE

**Incomplete forms will be returned.**

Please **fax** to (502) 695-9692 or mail completed forms to  
FEBCO, Inc. - P.O. Box 5010 - Frankfort - Ky - 40602

**ACCOUNT TYPE**

**(Select only one.)**

Checking

Savings

