



## Electronic Funds Transfer (EFT) Automatic Monthly Bank Account Withdrawals Form

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount Per Month \$ \_\_\_\_\_ (Minimum \$10)

Withdraw on the  10<sup>th</sup> of each month  24<sup>th</sup> of each month

(Note: If the 10<sup>th</sup> or 24<sup>th</sup> of the month falls on a weekend or a bank holiday, the withdrawal will occur on the following Monday or business day.)

Name of Financial Institution \_\_\_\_\_

Address of Financial Institution \_\_\_\_\_

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Account:  Checking  Savings

Please sign and return this form along with a voided check from your personal checking account or a deposit slip from your savings account.

I authorize Rainbow Network and the financial institution named to charge my account each month the amount shown above (this includes my authorization for Rainbow Network to correct any charges made in error). This authorization remains in effect until I give written notice to cancel it. I understand changes to this authorization take 3 to 6 weeks to process.

Signature (required): \_\_\_\_\_ Date \_\_\_\_\_