

BCFS



Health and Human Services • Est. 1944

BCFS ETV AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I, _____, hereby authorize BCFS ETV to initiate credit entries to my **Checking** **Savings account (mark one)** indicated below at the BCFS ETV depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

DEPOSITORY/BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NO _____

This authorization is to remain in full force and effect until BCFS ETV has received written notification from me of its termination in such time and such manner as to afford BCFS ETV and DEPOSITORY a reasonable time to act on it.

PRINT FULL NAME _____

DATE _____ SIGNATURE _____

NOTE: Please submit a screen shot of your routing and account numbers from your mobile banking app along with this form. It is the responsibility of the individual submitting the ACH request to contact their bank to verify the correct account number and routing number for that bank.