

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

SECTION 1: ENROLLMENT

Mark One:

☐ New EFT Enrollment

☐ Change in Current EFT Enrollment

☐ Cancellation of Current EFT Enrollment

SECTION 2: VENDOR / SERVICE PROVIDER INFORMATION

Please complete the following information

Vendor or Service Provider Legal Name:

Home Office or Corporate Legal Name, if Different:

Mailing Address (as it appears on the bank account)

Federal Employer Identification Number or Taxpayer ID: _____

Accounts Receivable Contact Name: _____ Phone Number: _____

E-Mail Address for Remittance Advice: _____

SECTION 3: FINANCIAL INSTITUTION INFORMATION

Please include a confirmation of account information on bank letterhead or a voided check. When submitting the documentation, it should contain the name on the account, electronic routing transit number, account number and type. If submitting bank letterhead, the bank officer's name and signature is also required. This information will be used to verify your account number. NOTE: Starter checks are not acceptable for EFT confirmations.

Financial Institution Contact Person: _____

Financial Institution Phone Number: _____

Type of Payment (mark one):

CCD (Commercial): ☐ OR PPD (Personal): ☐

Account Number: _____

Routing (ABA) Number: _____

Bank Name: _____

South Central Kansas Economic Development District, Inc.

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SECTION 4: DISCLOSURES

By signing below, I agree to the following:

1. I hereby authorize South Central Kansas Economic Development District "SCKEDD" to initiate credit entries, and initiate debit or credit adjustments for any duplicate or erroneous entries made in error to the account indicated above. I hereby authorize the financial institution/bank named above to credit and/or debit the same to such account.
2. If payment is being made to an account controlled by a Corporate Office or Home Office whose name is different than the business named above, the Vendor or Service Provider hereby acknowledges that payment to this account under these circumstances is still considered payment to the Vendor or Service Provider.
3. This authorization agreement is effective as of the signature date below and is to remain in full force and effect until SCKEDD has received written notification from the signatory party of its termination in such time and such manner as to afford SCKEDD and the Financial Institution a reasonable opportunity to act on it. SCKEDD will continue to send the direct deposit to the Financial Institution indicated above until notified by the signatory party that they wish to change the Financial Institution receiving the direct deposit.
4. If the Financial Institution information changes, I agree to submit to SCKEDD an updated EFT Authorization Agreement.
5. SCKEDD reserves the right to cancel this agreement and commence paying the named Vendor or Service Provider by submitting paper checks at any time for any reason.
6. SCKEDD is not nor will not be liable to replace or resubmit any payment made should the Financial Institution information be incorrect as provided. We will make every effort to recapture payments made to incorrect accounts. Should a payment replacement or resubmission be allowable, SCKEDD will resubmit the transaction no sooner than five business days following the original payment.

SECTION 5: SIGNATURE

By your signature below on this form, you are certifying that the account is drawn in the Name of the Vendor or Service Provider, or the Legal Business Name of the person or entity. The person or entity has sole control of the account to which EFT deposits are made in accordance with all applicable regulations. All arrangements between the Financial Institution and the said person or entity are in accordance with all applicable regulations and instructions with the effective date of the EFT authorization. You must notify SCKEDD immediately regarding any changes in the account in sufficient time to allow SCKEDD and the Financial Institution to act on the changes.

Authorized Signer,

Accepted

Title: _____

Daniel Bass, CFO, SCKEDD Date

Date: _____

Director or Treasurer, SCKEDD Date