



PO Box 1 • Kalispell, MT 59903
 (406) 755-4321 • Fax (406) 756-8591
 Email: credit@cityservicevalcon.com

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

I authorize CityServiceValcon and Glacier Bank (Po Box 27, Kalispell, MT 59903) to initiate debit or credit entries to my checking or savings account. This authority will remain in effect until I notify CityServiceValcon in writing to cancel it, in such time as to afford the bank a reasonable opportunity to act on it. This Agreement may be submitted directly to the mailing address, email or fax number as shown above.

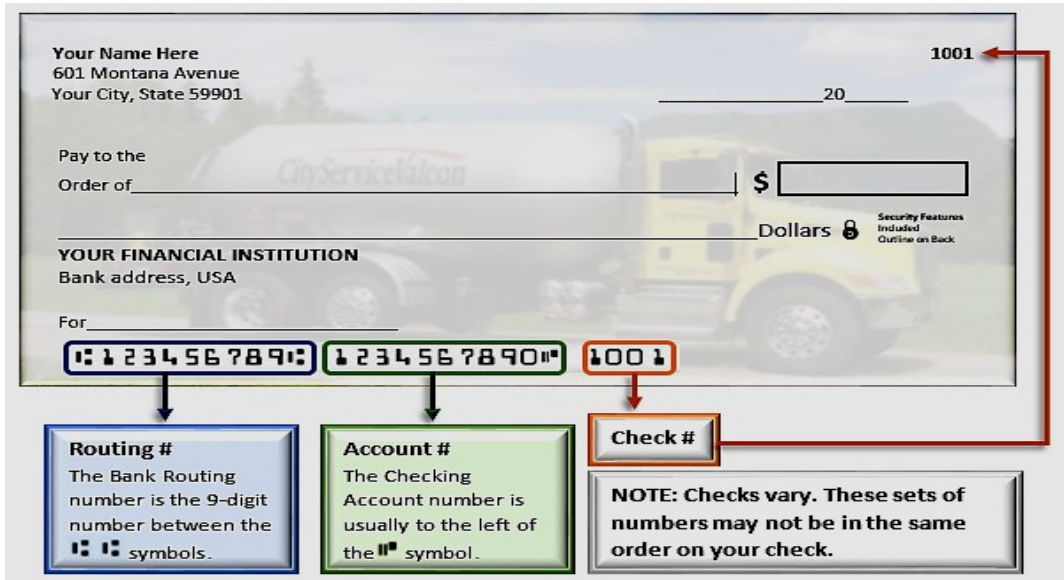
REASON FOR SUBMISSION				Check the type of Enrollment. Then enter the Effective Date and Account Number (If applicable)			
<input type="checkbox"/> New EFT Enrollment <input type="checkbox"/> Change to Current EFT Enrollment		Effective Date				Customer Account Number	
PRIMARY CONTACT INFORMATION				Complete all sections			
Contact Name						Phone Number	
Company Name or Individual Name (As listed on account or application)							
Address				City		State	ZIP Code
EMAIL NOTIFICATION PREFERENCES				Must be completed to receive notifications			
Name (First & Last)			Title/Dept		Email Address		
EFT BANK ACCOUNT INFORMATION				Complete all sections			
Bank Account ▶ Select one type of account and attach verification							
<input type="checkbox"/> Checking		▶ <i>Voided check: Full name, preprinted or Bank Account Verification Letter (NO deposit slips or Counter Checks)</i>					
<input type="checkbox"/> Savings		▶ <i>Deposit Slip, preprinted or Bank Account Verification Letter.</i>					
Name (As it appears on your check, deposit slip or bank account)							
Bank Name				Bank Routing / ABA Number (9-Digits)			
Checking or Savings Account Number							
SIGNATURE AND DATE				You must be the owner or authorized individual of the account at your financial institution			
<p>I understand that the Automated Clearing House electronic funds transfer entry will only be accepted by my Financial Institution if sufficient funds are available in my account and I hereby agree to insure sufficient funds are on deposit prior to each EFT debit.</p> <p>I understand that if I refuse or otherwise fail to make payment for a debit entry, this agreement and all other agreements between me and CityServiceValcon may be terminated by CityServiceValcon. In addition, I understand that there may be a return fee (NSF fee) imposed to my account on any returned payments, at CityServiceValcon's discretion. The return fee is intended to cover the deposit return fee assessed by financial institutions and related administrative expenses associated with the return of payment.</p>							
OWNER/AUTHORIZED INDIVIDUAL SIGNATURE				PRINT OWNER/AUTHORIZED INDIVIDUAL NAME			
TITLE				DATE SIGNED			

VERIFICATION ATTACHMENT

- Option 1 ▶ Attach copy of check for a Checking Account or deposit slip for Savings Account (*No Counter Checks*)
- Option 2 ▶ If you are submitting a Bank Account Verification Letter, it **must** be on Bank Letterhead and **must** identify the name as it appears on your account, the routing number and bank account number.

Attach here:

Name must be pre-printed and unaltered ▶



The diagram shows a check form with the following fields and callouts:

- Your Name Here:** 601 Montana Avenue, Your City, State 59901. A red arrow points from the number '1001' in the top right corner to this field.
- Pay to the Order of:** A blank line for the payee name.
- Amount:** A box for the dollar amount, with '20' written in the box. Below it, 'Dollars' and a security icon are visible.
- YOUR FINANCIAL INSTITUTION:** Bank address, USA.
- For:** A blank line for the purpose of the check.
- Routing #:** A callout box points to the first nine digits of the MICR line: ⑆ 23456789⑆.
- Account #:** A callout box points to the digits between the first and second MICR symbols: ⑆ 234567890⑆.
- Check #:** A callout box points to the last three digits of the MICR line: ⑆ 00⑆.
- NOTE:** Checks vary. These sets of numbers may not be in the same order on your check.