

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

- ☐ New Business
☐ Renewal
☐ Changing Bank Account



Business/DBA Name/First Name Insured		CWG Account Number
Address		
City	State	Zip
Business Phone	Secondary Phone	

I hereby authorize and request Continental Western Group to initiate electronic ACH debit (or credit) entries to my account with the financial institution named below. I authorize and request my financial institution to accept any debit entries initiated by Continental Western Group to this account and to debit the same to this account without responsibility for the correctness thereof.

If the company erroneously debited (or credited) funds to or from my account, I authorize the company to initiate the necessary reversing credit (or debit) entry not to exceed the total of the original amount debited (or credited) for the entry in question. I acknowledge that the origination of ACH transfers to or from my account must comply with the provisions of U.S. Law and the Rules of the National Automated Clearing House Association.

Name of Financial Institution		
Routing Number	Account Number	* If a credit union account, Member Identification Number
This account is a: <input type="checkbox"/> Checking Account (attach voided check) <input type="checkbox"/> Savings Account (attach deposit ticket)		
I would prefer payments be withdrawn on: <input type="checkbox"/> 1st of the Month <input type="checkbox"/> 15th of the Month		

It is understood that this agreement may be terminated by me at any time by written notification to Continental Western Group or my financial institution. Termination shall be effective after receipt of such notification and a reasonable time to act on it.

Customer Signature	Date
▶	
Account Holder's Signature (if other than customer)	Date
▶	

Please attach a copy of your VOIDED check here.

The Payor name on your voided check MUST be only a Business Name, DBA Name, or First Named Insured.

(If form is completed electronically, please attach a scan of voided check.)

