

# The McGraw Group of Affiliated Companies

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

New EFT Filer                      Change Bank Account                      Change Contact Information  
Check for ZapApp Use - ADR# \_\_\_\_\_                      Check for Website Use

### SECTION I

		Producer Number
Business Name	Phone Number	
Business Mailing Address (Number, Street, Box Number)		
Business Mailing Address (City, State, Zip)		
EFT Contact Person	Phone Number	

### SECTION II

Bank Name	Phone Number	
Bank Address		
Bank Account Number	Routing Transit Number	

I hereby authorize The McGraw Group of Affiliated Companies to initiate debit entries from the bank account listed above. This authorization is to remain in full force until written notification of termination is received by either party, in such time and in such manner as to afford The McGraw Group of Affiliated Companies and Depository a reasonable opportunity to act upon it.

Signature	Title	Date
-----------	-------	------

***IMPORTANT: You must attach a voided check or bank specification sheet from the account to be debited. These will provide verification of your bank account and routing transit numbers. Please allow 48 hrs from submission for account to be activated.***