



Instructions For EFT Consent Form

Please complete the EFT Consent Form below to give MovingStaffers, a subsidiary of Albert Furniture Company, authorization to deposit payments for services directly into your bank account.

Once you've completed the form, return it to MovingStaffers by email to accounting@movingstaffers.com or faxing it to (940) 696-6535.

If you have any questions, please contact our Accounts Payable department at (800) 460-9333, option 3 and then option 5.

I authorize Albert Furniture Company, all of their subsidiaries, and my designated financial institution to initiate electronic credit entries to my account listed below. I further understand that this authorization will remain in effect until Albert Furniture Company has received written notice for the cancellation of the agreement.

Company Name: _____

Company Address: _____

Checking Account ☐

Savings Account ☐

Date: _____

Financial Institution: _____

Branch: _____

City: _____ State: _____ Zip Code: _____

Transit Routing Number _____

Account Number: _____

Authorized Name: _____ Position: _____

Authorized Signature: _____

Please list at least one email address to send payment information to

A/R (Billing) Contact

Contact Name: _____ Telephone: _____

Email Address: _____

General Contact

Contact Name: _____ Telephone: _____

Email Address: _____