

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

I authorize CityServiceValcon and Glacier Bank, Po Box 27, Kalispell, MT 59901, to initiate debit or credit entries to my checking/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. My account information is:

Business Name _____

Financial Institution _____

Bank Address _____

Bank Contact _____

Bank Telephone Number _____

Bank Routing Number _____
(located between these symbols I: I: on the bottom left of your check)

Bank Account Number _____

Account Type : **Checking** _____ **Savings** _____

Effective Date: _____

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.

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.

Customer Authorization:

Authorized Signature

Printed Name

Title

Date

******PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT REFERENCED ABOVE******