

## QAR - Electronic Funds Transfer (EFT) Authorization Application

I authorize the financial institution named below to accept Direct Payment instructions and to debit my account indicated below or credit my account if it is necessary to make corrections. The undersigned hereby authorizes **Padgett Business Services**, and/or its authorized agents, to initiate debit entries for payment of services. The undersigned authorizes adjusting credit/debits for entries made in error or entries requiring reversals due to returned items to the account of the undersigned. All such entries shall be made to the account indicated below and the depository named below is hereby authorized to credit and/or debit the same to or from said account. I understand if my electronic payment is not made due to insufficient funds there will be a \$25.00 NSF service charge added to my payment.

Customer Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
(if applicable)  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**QAR – Padgett Business Services**      **Organization ID: 0100**

### Payment Method

Checking       Savings

**PLEASE SEPERATELY ATTACH A COPY OF A VOIDED OR CANCELLED CHECK**

### Bank Account Information

Bank Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number (9 Digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

*Routing numbers starting with 5 are invalid.*

Payment Instructions:  WEEKLY     BIWEEKLY     MONTHLY     QUARTERLY     ANNUALLY  
(select one)

Payment Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Payment Amount: \$ \_\_\_\_\_

Payment End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Number of Payments: \_\_\_\_\_  
(if applicable)

If received by GMS after first scheduled draft should payments be forced?     Yes       No

I hereby grant standing permission to **Padgett Business Services** to debit my account for the following  
**AUTHORIZED AMOUNT RANGE: \$ \_\_\_\_\_ TO \$ \_\_\_\_\_**

I hereby authorize **Padgett Business Services**, hereinafter called Company, to initiate debit entries to my bank account. This authorization is to remain in full force until Company has received written notification of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it (30 days). I understand that this payment plan may be canceled by Company at any time. The undersigned represents and warrants that it is authorized and empowered to execute this authorization for the purposes specified herein and indemnifies and holds Company and its agents harmless from any damage, loss or claim resulting from Company's authorized actions hereunder.

X \_\_\_\_\_  
Payer's Signature

\_\_\_\_\_  
Date

SELECT ONE:       NEW PARTICIPANT       CHANGE TO PARTICIPANT