



## ELECTRONIC FUNDS TRANSFER [EFT] AUTHORIZATION

I authorize Source International, Inc. to automatically deposit any funds owed, to the account at the Depository Financial Institution named below.

I understand that this agreement may be terminated by Source at any time by written notification. I will receive payment via check if this happens. If I change the account, I will send Source a new Authorization. Source will make all payments due into this account on the next scheduled payment date.

I authorize Source to charge this account only for the purposes of correcting an erroneous credit previously deposited to the account.

Name On Bank Account:	Checking / Savings – Please Circle		
Bank Name:			
Bank Address:			
Bank Routing / ABA Number:			
Bank Account Number:			
Your E-Mail Address:			
Authorized Signature:	Name:		
	Title:		
	Address:		
	Date:		
<b>Please Note :</b> You must provide all information requested above. Please void a check, place it in the area below, photo-copy the form with the check and fax it to Customer Relations @ 1.508.842.1838 to receive payments due. If we do not receive this form in time, your payment will be held until we receive the completed form. <b><u>Please send original by US Mail.</u></b>			
<h1>VOID CHECK COPY HERE</h1> <h2>Do Not Send Deposit Slip</h2>			
<p>545 Hartford Turnpike Shrewsbury, MA 01545 <b>tel:</b> 508 842 5555 800 722 0474 <b>fax:</b> 508 842 1838 <b>email:</b> cr@sourceseating.com</p>			