



**EFT Bank Account**

ABA routing number:\*

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Bank account number:\*

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Bank name:\*

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Account holder's last name:\*

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Account holder's first name:\*

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Bank Phone#\*

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Account type:\*

Checking account

Savings account

**TO DOCUMENT OWNERSHIP OF ACCOUNT TO BE DEBITED,  
PLEASE PLACE VOIDED CHECK HERE**

*Please do not attach a STARTER CHECK. To debit your Savings Account you must include a letter on bank letterhead with the correct routing number and account number*

I understand that this authorization is to remain in full force and effect until IntelliDebt Smart Financial Solutions receives notification from me of its termination, which must be received at least 5 business days before the scheduled debit date. I also understand that if the authorized debit is returned for any reason, the Return fee of \$15.00 (subject to change) will be assessed and added to my next debit. I agree to the terms and conditions set forth on this form.

Account Holder's Signature\* \_\_\_\_\_

Date \* \_\_\_\_\_

**For agency use only:**  Verified with bank By: \_\_\_\_\_ Counselor: \_\_\_\_\_

\* Required Information