



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION (EFT)**

I (we) authorize CLYDE S. WALTON, INC. access to the below account in order to Electronically draft funds in accordance with our payment obligations. Further, I (we) certify that the below information is correct. I (we) agree to provide ten day written notice to Clyde S. Walton, Inc. , Attn: Accounting Department , 400 South Broad Street PO Box 1669, Lansdale PA 19446 via certified mail in order to revoke this authorization.

Customer name \_\_\_\_\_

Customer # \_\_\_\_\_

Address: \_\_\_\_\_

Email address \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

EFT amount \_\_\_\_\_

Weekly Monthly (Circle one)

Day of week or month the EFT is to be initiated \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account No: \_\_\_\_\_ Bank ABA No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

**Send one completed copy to your bank and return one copy to:**

**Clyde S. Walton, Inc.  
Attn: Accounting Department  
PO Box 1669  
Lansdale, PA 19446**