

Western Highlands Area Authority
Electronic Funds Transfer (EFT)
Authorization Agreement for Automatic Deposit

This authorization remains in full force and effect until Western Highlands Area Authority receives written notification from the provider of its termination, or until Western Highlands Area Authority or appointing authority deems it necessary to terminate this agreement.

Directions: An original pre-imprinted voided check for checking account, or an original bank letter for savings account, must be submitted with this form. The provider name, routing number, and account number on either document must match what is entered on this form. Photocopied documents will not be accepted.

PLEASE PRINT OR TYPE

<input type="checkbox"/> Initial Request	<input type="checkbox"/> Change Request	<input type="checkbox"/> Cancel Request
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1. NAME OF PROVIDER (must match name on bank account and name registered with Western Highlands)			
2. NAME OF MAIN CONTACT PERSON			3. CONTACT TELEPHONE NUMBER
4. PROVIDER ADDRESS	CITY	STATE	ZIP
5. LAST 4 DIGITS OF PROVIDER SOCIAL SECURITY NUMBER OR COMPLETE FEDERAL TAX ID NUMBER (must match number registered with Western Highlands)			

1. BANK ROUTING NUMBER	2. BANK ACCOUNT NUMBER (include leading zeros)	3. TYPE OF ACCT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
4. BANK NAME		
5. BANK ADDRESS	CITY	STATE ZIP

Under penalties of perjury, I hereby certify the checking OR savings account indicated on this form are under my direct control and access; therefore, I authorize Western Highlands Area Authority to initiate, change, or cancel credit entries to the bank account as indicated above. For changes to existing accounts, do not close an existing account until the first payment has been deposited into the new account.

I hereby CANCEL my EFT authorization.

I understand that by signing this form, payments issued will be Federal and State funds, and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws.

Print Name

Signature

Date

MAIL FORM TO: Western Highlands Area Authority
 Attn: Accounting Program Manager
 356 Biltmore Avenue
 Asheville, NC 28801