



Website: www.jjpowell.com
 Customer Service: cs@jjpowell.com
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ELECTRONIC FUNDS TRANSFER

I (we) hereby authorize J.J. Powell, Inc. (the company) to initiate entries to my checking/savings accounts at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the company is notified by me (us) in writing to cancel it in such a time as to afford the company and the financial institution a reasonable opportunity to act on it.

 Name of Financial Institution

 Address of Financial Institution – Branch, City, State and Zip

 Signature Date

 Name - Please Print Account Number

 Address - Please Print Payment Amount

 Address - Please Print July or August
Budget Start Month

*****Payment amount will be equal to your monthly Ea\$y Pay amount*****

Checking/Savings Account Number _____

Financial Institution Routing Number _____

****Payments will be drafted on the 8th of each month or next business day****

****Please attach a VOIDED check when submitting your authorization form****

ALL FORMS SHOULD BE SUBMITTED BEFORE THE 1st OF THE MONTH IN ORDER FOR THE EFT TO BE SUBMITTED FOR THE CURRENT MONTH