

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

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

Name on Bank Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Name		
Bank Address		
Bank Routing / ABA Number		
Bank Account Number		
Your Email Address		
Authorized Signature	Name	
	Dealer Name	
	Source Sales Rep	
	Required Field	<input type="checkbox"/> Sales <input type="checkbox"/> Designer
	Date	

Please Note: You must provide all information requested above. Please attach a voided check, place it in the area below, photo copy the form with the check and email to cr@sourceinternationaldesign.com to receive payments due. If we do not receive this form in time, your payment will be held until we receive the completed form. If a voided check is unavailable, please ensure the routing and account information is accurate and legible otherwise this could delay processing of your payment.

VOID CHECK COPY HERE
DO NOT SEND DEPOSIT SLIP