



Shalom House
HOME • HEALTH • HOPE

EFT Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

As a duly authorized check signer on the financial institution account identified below, I authorize Shalom House, Inc. to initiate entries to my checking/savings account 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 Shalom House, Inc. is notified by me in writing to cancel it in such time as to afford Shalom House Inc. and the financial institution a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State, & Zip)

(Signature)

(Date)

(Name – PLEASE PRINT)

(Phone Number)

(Address – PLEASE PRINT)

(e-mail address – PLEASE PRINT)

(Bank Account Name –PLEASE PRINT)

Account Number _____

Checking

Savings

Financial Institution Routing Number _____

Account Type: Business Personal

(Management Company (if applicable) – PLEASE PRINT)

PLEASE ATTACH A BLANK VOID CHECK

*EFT payments will be processed on the first business day of the month and will be deposited into your bank account two business days following the first business day of the month.
All payments during the pre-note period will be paid via check.*

Mail: Shalom House, 106 Gilman Street, Portland, ME 04102 | Office Phone: 207-874-1080 Fax: 207-874-1077