

EFT Authorization Form

If you would like to receive the benefit of a \$20.00 per hour discount in professional services which now is offered only to clients utilizing Electronic Funds Transfer payment process, please complete **all information requested and return with your voided, unsigned check** to:

InterDyn – CFO Consulting
Attn: Cheryl Hugh
6490 Hazeltine National Drive, Suite 100
Orlando, FL 32822

Company Name: _____

Accounting Contact _____ Daytime Phone (____) _____

E-mail address (you would like receipts sent to): _____

Name(s) on the Bank Account _____

Account from which you wish to draw payments Checking Savings

ABA Transit Number (Routing Number) _____

Account Number _____

Financial Institution _____

Address _____ Phone Number (____) _____
Street City Zip

I (we) hereby authorize CFO Consulting, Inc., DBA InterDyn – CFL Consulting (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed above (THE FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions credited/debited in error. The authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Account Holder's Policyholder's Signature Date

Additional Account Holder's Signature (if joint account) Date