



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM**

As a duly authorized check signer on the financial institution account identified below, I authorize **Magnum Tours** to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to **check by phone** payments as well as any other electronic payment. I understand the dollar amount can vary depending on services performed.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds ( NSF ), I authorize, Company” , to collect a returned item fee of \$50.00 per item by electronic debit from my account identified below.

For accounting purposes, all electronic debits and/or credits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.

I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>Travel Agency:</b>	<b>IATA:</b>
<b>Address:</b>	<b>City/State/Zip:</b>
<b>Contact Name &amp; Phone Number:</b>	

**Financial Institution account “identifying information”:**

Enter financial institution account information into the fields provided below or attach a blank VOID check.

Complete or attach Blank VOID Check here.	<b>Financial institution:</b>	<b>Branch:</b>	
	<b>City:</b>	<b>State:</b>	<b>ZIP CODE:</b>
	<b>9 Digit Transit/ABA #</b>	<b>Account</b>	