



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

As a duly authorized check signer on the financial institution account identified below, I authorize **Magnum Tours** to perform electronic funds transfer debits and/or credits from my account identified below for payment due amount stated below This applies to **check by phone** payments as well as any other electronic payment.

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: _____

Name:	Payment Due Amount Authorized in \$USD:
Address:	City/State/Zip:
Contact Name & Phone Number:	

Financial Institution account “identifying information”:
Enter financial institution account information into the fields provided below.

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