



Electronic Fund Transfer

Date _____

Please check one:

☐

New **EFT** Authorization

☐

Revision to existing authorization

Name of Business _____

Corporate Headquarters or Legal Name (if different)

State of Maine Liquor License # _____ Contact Person _____

E-mail _____ Phone # _____

Name of Financial Institution

Location (City, State)

Financial Institution's Routing/Transit Number:

(nine digits)

Checking Account Number:

Please attach a copy of a canceled or voided check.

(check)

I hereby authorize Bow Street to initiate a debit entry to my checking/savings account at the banking institution indicated above, and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until Bow Street is notified by me in writing to cancel it.

Signature

Print Name

Title