



EFT Authorization Form

Company Information

Company Name: _____
Company Address: _____
City: _____ State: _____ Zip Code: _____
Company EIN: _____

Contact Information

Contact Name: _____
Contact Title: _____
Remittance Email: _____

Banking Information

Bank Name: _____ Phone: _____
ACH Routing/ABA Number (9-digits): _____
Account Number: _____
Please Check One: Savings Checking

By signing below, you authorize Phoenix Innovations, Inc. to process an EFT payment into the above reference account in lieu of mailing a check. EFT Payment will begin on or around 03/01/2024.

Authorized Signature: _____ Date: _____
Title: _____ (Must be an authorized signer on bank account)

Accounts Payable Department Use Only

Bank Verified By: _____ Date: _____
Updated in GSS By: _____ Date: _____