

# ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

for payments made by  
TWIN OAKS JUVENILE DEVELOPMENT, INC.  
on behalf of  
TWIN OAKS COMMUNITY SERVICES

## PART I: REASON FOR SUBMISSION

- New EFT Enrollment
- Change Current EFT Enrollment (e.g. account or bank changes)
- Revalidation

## PART II: ACCOUNT HOLDER INFORMATION

Provider/Organization/Account Holder's Legal Business Name (if individual, please provide first name, middle initial, last name, and suffix)

Account Holder's Street Address

Account Holders' City	Account Holder's State	Account Holder's Zip Code
Tax Identification Number (TIN)	Designate TIN Type (select only one)	
<input type="text"/>	SSN (enrolling as an individual) OR	EIN (enrolling as a group/organization/corporation)

## PART III: FINANCIAL INSTITUTION INFORMATION

Financial Institution's Name

Financial Institution's Address (Street, City, State, Zip Code)

Financial Institution Routing Number (must be 9 digits)

Provider's/Organization's Account Number at Financial Institution (include all zeroes)

Type of Account (select only one)

Checking Savings

## PART IV: CONTACT PERSON

The following person will be contacted for any questions regarding this EFT.

Name	Title
Telephone Number	Email Address

## SIGNATURE

By signing below, the authorized/delegate official, hereby (1) authorizes Twin Oaks Juvenile Development, Inc. to make payment by EFT, (2) certifies that it has selected the above depository institution, and (3) directs all such Electronic Funds Transfers be made as provided above.

Authorized/Delegate Official Name (Print)	Telephone Number
Title	Email Address
Signature	Date