

Electronic Fund Transfers (EFT)

Fill out the form below, complete with a voided check, and send via email commissions@urlinsgroup.com or fax 717-540-5628 (Attn: Commissions).

Account Owner Name:

Transit/ABA #:

Account #:

Financial Institution Name:

Branch Address:

City:

State:

Zip:

Account Type:

☐ Checking

☐ Savings

Phone:

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature: _____ Date: _____

**Attach copy of your void check here for checking account
or deposit slip for savings account.**