

ACH TRANSFER AUTHORIZATION FORM

Please complete this document and return it to Baytree Finance Company in order to be set up for electronic funding via ACH – fax# 888-640-2332. Include the contact person, fax number, and/or email address to which you want funding verifications directed.

Agent/Broker Information	
Name:	_____
Key Contact:	_____
Address:	_____
City, State, Zip:	_____
Phone Number:	_____ Fax Number: _____
Email Address:	_____

Bank Information	
Name:	_____
Key Contact:	_____
Address:	_____
City, State, Zip:	_____
Phone Number:	_____ Fax Number: _____
Account Name:	_____ Account Type: _____
Account Number:	_____ ABA Number: _____

This authorization will remain in effect until terminated by the Agent/Broker listed above or by Baytree Finance Company. The Agent/Broker may terminate this authorization by giving Baytree Finance Company 15 days written notice at that address listed below.

Authorized and Agreed to:

By _____ Title _____ Date _____