



I (we) hereby authorize ELES Financial Corporation to initiate debit/credit entries to the checking or savings account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit/credit same to such account and apply said funds as a debit/credit to my account named below.

DEPOSITORY (Bank) NAME

\_\_\_\_\_

ROUTING NUMBER\*

\_\_\_\_\_

ACCOUNT NUMBER

\_\_\_\_\_

This authorization is to remain in full force and effect until ELES Financial Corporation has received written notification from customer of its termination in such time and in such manner as to afford ELES Financial Corporation and Depository a reasonable opportunity to act on it.

Please indicate preferred method of funding deposits below. One of the two methods below must be selected in order to receive your funding deposits. ELES Financial will not issue a check for your funding deposits.:

\_\_\_\_\_ **ACH Transfer - (no charge from ELES Financial)**

\_\_\_\_\_ **Wire Transfer - (\$28.00 fee per transfer)**

**\* NOTE: FOR WIRE TRANSFER, PLEASE CONTACT YOUR BANK FOR THE CORRECT WIRE ROUTING NUMBER**

There is a one time non-refundable enrollment fee of \$99.00. Upon acceptance into ELES Financial's Program, your enrollment fee will be debited from the above designated bank account.

Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ATTACH VOIDED CHECK HERE**