



Electronic Fund Transfer (EFT) Request Form

Vendor Name _____

Contact Name _____

Authorization Agreement

I hereby authorize Harmony Foundation International to initiate automatic deposits to my account at the financial institution named below. I also authorize Harmony Foundation International to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Harmony Foundation International responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Harmony Foundation International receives a written notice of cancellation from me or my financial institution, or until I submit a new EFT form to the finance office of Harmony Foundation International.

Banking Information

Name of Financial Institution: _____

ABA Routing Number: _____

Account Number: _____ Checking | Savings

Vendor Authorization

Please sign below to confirm that you are authorizing Harmony Foundation International to begin transferring payments to the account mentioned above.

Authorized Signature: _____ Date: _____

Title: _____

Phone Number: () _____

Contact Email Address _____

**Please attach a copy of a voided check or deposit slip and
return this form to finance@harmonyfoundation.org**