



**PREAUTHORIZED ELECTRONIC FUND TRANSFER AGREEMENT**

Name_____
Address_____
City_____ State_____ Zip_____
Phone(____)_____ Fax(____)_____
Email_____

**AUTHORIZATION**

I (we) herby authorize Jack Becker Distributors, Inc. to withdraw funds from my (our) Checking/Savings account indicated below and authorize the financial institution named below to debit such account for the amount of withdrawal. Please attach a voided check.

Financial Institution\_\_\_\_\_

Institution Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Institution's                  Transit                  Number                  /                  ABA

My    (Our)    Account

Please Circle:    Checking                  Savings

**POLICY INFORMATION**

Revocation / Changes to the Authority

The authority to transfer funds from your account will not cease until Jack Becker Distributors, Inc. receives a written notice from you revoking this authorization agreement.

This notice must be received by Jack Becker Distributors, Inc. at least 30 days prior to the date on which you wish the agreement to end.

Returned Payment

If your automatic withdrawal is returned for insufficient funds, Jack Becker Distributors, Inc. and your financial institution may assess a fee. You will be responsible for payment due.

**I HEREBY AGREE TO THE TERMS AND CONDITIONS AS NOTED ABOVE**

Account Owner's Signature\_\_\_\_\_ Date\_\_\_\_\_

Co-Owner's Signature\_\_\_\_\_ Date\_\_\_\_\_

Please Return Form to:  
Jack Becker Distributors, Inc.  
P.O. Box 37589  
Jacksonville, FL 32236-7589