



**New EFT/ACH Account**

**ELECTRONIC FUNDS TRANSFER (EFT)/ACH  
AUTHORIZATION AGREEMENT**

**SECTION I: Customer information must be completed**

<b>Business Name Name</b>			<b>Account No</b>
<b>Business Address</b>			<b>Business Phone No</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Fax No</b>
<b>EFT Contact Person Name</b>			<b>EFT Contact Person Phone</b>

**SECTION II: Bank account information must be completed**

			<b>Email Address</b>	
<b>Bank Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>
<b>Routing No</b>	<b>Account No</b>	<b>Contact Person</b>	<b>Bank Phone</b>	

Checking       Savings

**SECTION III: Authorization Agreement**

I hereby authorize designated Financial Agents of ALHAMRAH CORPORATION to initiate debit entries to the financial institution account indicated above, for payments owed to the ALHAMRAH CORPORATION upon request by his/her representative, using the **ACH debit method**.

<b>Signature</b>		<b>Title</b>
<b>Print Name</b>	<b>Phone No</b>	<b>Date</b>

**Fax or email the completed form to 800.817.4254 | Email: [info@alh247.com](mailto:info@alh247.com)**  
**or Mail to:**  
 Alhamrah Corporation  
 1028 Reeves Street  
 Suite 5-A, Dunmore PA.18512  
**If you have questions regarding this form, please call 800 816 4254**

**IMPORTANT: Attach a copy of a voided check or bank specification sheet. A form without the attachment will be returned unprocessed.**

Void Bank Cheque