

Please Mail  
Originals to PBFE  
when completed.

# Palm Beach Financial Exchange, Inc.

## Electronic Funds Transfer Information Sheet

Please Fax/Email  
Originals to PBFE  
when completed.

### Business Information

Bus. Name:	Corp. Name:
Address:	Corp. Address:
City: ST: Zip:	City: ST: Zip:
Phone: Fax:	Contact: State of Incorporation:

### Bank Information

Bank Name	Bank Routing Transit #	Bank Account #
Title of Bank Account	Bank City	Bank State
Authorized Signer on Account	Email Address of Authorized Signer on Account	Bank Telephone

### Monthly Debit Date(s)

Checking	Credit Card	Resubmit Checking NSF <input type="checkbox"/> Yes <input type="checkbox"/> No
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EFT Contact Person: \_\_\_\_\_

### Owner/Officer Information

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Soc. Sec. # : \_\_\_\_\_  
(Owner/Officer)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Soc. Sec. # : \_\_\_\_\_  
(Owner/Officer)