



# Vimly Benefit Solutions, Inc. EFT AUTHORIZATION FORM

For Vimly Office Use Only:

Locator Number: \_\_\_\_\_

Date Received \_\_\_\_\_

**\*\*PLEASE FILL IN THE FOLLOWING INFORMATION\*\***

**Company Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Effective Date of Authorization: \_\_\_\_\_

Type of Authorization Form (check appropriate box):

- New Authorization
- Change Banking Information
- Discontinue Electronic Payment

Please debit payments from my: (check one):

**Checking Account**

**Savings Account**

**Banking Information:**

Banking Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

*Valid Routing Number must start with a 0, 1, 2, or 3*

Account Number: \_\_\_\_\_

**AGREEMENT**

**I authorize Vimly Benefit Solutions, Inc. and Vanco Services, LLC to process variable debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.**

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

Printed Name: \_\_\_\_\_

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

**PLEASE ATTACHED VOIDED CHECK IN THIS SPACE**