



# EFT (Electronic Funds Transfer Bank Account Authorization) REQUEST

## INVESTOR INFORMATION

Owner \_\_\_\_\_  
 Co-Owner (if applicable) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: #1 \_\_\_\_\_ #2 \_\_\_\_\_ E-Mail \_\_\_\_\_

## INVESTMENT REQUEST

### ONE-TIME INVESTMENT

Make a one-time principal investment of \$\_\_\_\_\_ Please check your choice below:

- Please debit the bank information indicated below.
- Please find the enclosed check, made out to COGBF Financial Solutions, Inc.
- Funds are available now.

### RECURRING INVESTMENT

Make a recurring addition of \$\_\_\_\_\_ to the above investment.

- Please debit the bank information indicated below.
- Monthly on the  5th  10th  15th  20th  25th  30th beginning on \_\_\_\_\_ (mm/dd/yyyy).

*\*This will supersede any other arrangement made for recurring transactions.*

## AUTHORIZATION

*I authorize COGBF Financial Solutions, Inc. to debit or credit entries at my direction and to, if necessary, credit or debit entries and adjustments for any debit or credit entries in error to my account indicated below and the bank named below to debit or credit the same to such account.*

Bank Name \_\_\_\_\_  
 Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name on Bank Account \_\_\_\_\_  
 Bank Routing Number (ABA) \_\_\_\_\_ Bank Account Number \_\_\_\_\_  
 Account Type:  - Checking Account  - Savings Account\*

**Note: \$25 will be charged for insufficient funds.**

## ACKNOWLEDGMENT

I hereby authorize COGBF Financial Solutions, Inc. to debit entries and to initiate, if necessary, credit entries, and adjustments for any debit entries in error to my account at the bank named above. I authorize the bank to accept any such debits or credits to my account without responsibility for their correctness. I further agree that COGBF Financial Solutions, Inc. will not incur any loss, liability, cost, or expense for acting upon this request. I understand that this authorization may be terminated by me at any time by written notification to COGBF Financial Solutions, Inc. and to the bank. The termination request will be effective upon thirty (30) days written notice.

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_  
 Signature \_\_\_\_\_ Signature \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_

*\*Two signatures are required for those investments opened with a two-signature requirement.*