

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFER/PAYMENTS (EFT)

Please return completed form to: ODFW - License Services
4034 Fairview Industrial Dr. SE
Salem, OR 97302



Please call if you have questions: (503) 947-6115 or (503) 947-6183

Retailer _____ ODFW Agent Number _____
Existing Agents Only

Phone Number (____) _____ Contact Person: _____

I (we) hereby authorize the Oregon Department of Fish and Wildlife to initiate entries to my (our)
 Checking Account or Savings Account indicated below, and the financial institution named
below to debit/credit the same to this account.

Financial Institution _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date _____

Routing Number _____

EFT transactions will be taken out weekly each Thursday if you had sales Sunday through Saturday of the prior week. Agents may print a Weekly Sales Report to have a record of the amount due. This authority is to remain in full force and effect until the above named financial institution has received written notification from ODFW (or either of us) of its termination so as to afford the interested parties a reasonable time to act on it.

Attach Voided Check here

Existing Agents making changes to their bank account may FAX this form back to ODFW if you tape a voided check in this space. FAX to (503) 947-6113 Attn: Ric

EFT FORM WILL NOT BE ACCEPTED WITHOUT A VOIDED CHECK.

Print Name _____ Signature _____

Print Name _____ Signature _____

