

# 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

Billing Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

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

Federal Employer Identification Number or Social Security Number (sole proprietorships or unincorporated businesses only) \_\_\_\_\_

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, which is for ODFW Licensing sales use only.

Financial Institution \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

*EFT transactions will be taken out weekly each Thursday if you had sales Sunday through Saturday of the prior week. Agents may review 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 Agent, after receiving ODFW approval) 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 a voided check is taped in this space. FAX to (503) 947-6113 Attn: Agent Liaison

**EFT FORM WILL NOT BE ACCEPTED WITHOUT A VOIDED CHECK.**

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

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

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