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AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

- New EFT Authorization Revision to Current Authorization (i.e. account or bank changes)

Customer Information:

Customer Name:	
Billing Contact Name:	
Contact Phone Number:	Contact Email:

Financial Institution (Bank):

Debit Date: 1stth of Month

Name of Bank:		
Customer Name (as it appears on account):		
Bank's Address:	State:	Zip:
Contact at Bank:	Contact Telephone Number:	

Bank Routing Transit Number (nine digits): _____

Bank Account Number:

Type of Account (check one): Checking Account Savings Account

Voided Check included (from account listed above)

AUTHORIZATION AND AGREEMENT FOR EFT ("Authorization")

I/We hereby authorize(s) CadRent, LLC ("CadRent") to initiate debit entries (or credit entries, as necessary) to my/our account at the financial institution indicated above. I/We acknowledge that the origination of EFT transactions to my/our account must comply with the provisions of United States laws. If the account does not have sufficient funds to cover the transfer or if the financial institution for any other reason refuses to honor a transfer, I/we will separately pay CadRent for the Monthly Rental Payment, any additional fees owed under my/our Equipment Rental Contract, and any fees assessed to CadRent for non-sufficient funds. If the debit date falls on a day that the bank is closed, that debit will be made on the next business day.

This Authorization is effective as of the signature date below and shall be effective until I/we provide CadRent with timely notice to terminate it or to change the financial institution, for which a new Authorization must be submitted to CadRent. This Authorization shall terminate upon the successful final debit as indicated in writing per the terms of the Equipment Rental Contract.

 Signature (The individual signing must be a signer on the account listed)

 Date

 Print Name/Title