



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

I/we hereby authorize LogistiCare Solutions, LLC (“The Company”) to initiate electronic credit entries to the financial institution and account indicated below. I/we further authorize “The Company” to initiate electronic debit entries to the account listed below to correct any errors. This authority is to remain in full force and effect until “The Company” has received written notification to terminate the agreement. All changes must be submitted in writing and may require a new EFT agreement.

Section 1 (To be completed by the Transportation Provider)

Type of Transaction: ___ Add ___ Change ___ Delete

Transportation Provider Name: _____

Address: _____

Telephone Number: _____

Federal Tax Identification Number: _____

Authorize Signer Name: _____

Authorize Signature: _____

Section 2 (To be completed by the Financial Institution)

Direct Deposit to be made to: _____

Financial Institution Name: _____

Address: _____

Telephone Number: _____

Routing & Transit Number/ABA #: _____

Account Number (Transportation Provider): _____

Bank Official Signature: _____ Date: _____

Section 3 (To be completed by the LogistiCare Solutions, LLC)

Date Received: _____ Vendor Code: _____

A/P Approval: _____ Treasury Approval: _____

PLEASE ATTACH VOIDED CHECK HERE
No Counter/Starter Checks