



## 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**