



## Electronic Fund Transfer Authorization Form

**Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Business Phone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*I hereby authorize Johnson C. Smith Uni .91 -htnaturee s\_*