

## **Senior Service America, Inc. (SSAI) Agriculture Conservation Experienced Services (ACES) Program**

### Electronic Funds Transfer (EFT) Authorization Form

I authorize SSAI-ACES to electronically transfer funds for all expense reimbursements to the bank account indicated below:

#### BANK ACCOUNT

Checking Account  Savings Account

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Transit/ABA Number: \_\_\_\_\_

#### AUTHORIZATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This authorization will remain in effect until SSAI receives written notification of modification. You may only elect to have electronic payments to one account by providing the appropriate information above. For checking account, include a voided check showing your name and address (no deposit slips will be accepted). For savings account, include a form from your bank showing the correct account number and ABA/Routing number.

Please complete this form and return it to:

Senior Service America, Inc.  
Agriculture Conservation Experienced Services (ACES) Program  
8403 Colesville Road, Suite 1200  
Silver Spring, Maryland 20910-3314