

Olathe Family Vision
Authorization Agreement for Automatic Withdrawal of
Funds
For Advanced Vision Plan (AVP)

Purpose: This form is to establish an Electronic Funds Transfer (EFT) payment program, or to make a change in an established EFT program. Check the accuracy of any section completed. Please initial any corrections or changes you make. On these pages *I, me, my, you* and *your*, refer to the bank account owner. *We, us* and *AVP* refer to Olathe Family Vision.

Withdrawal Information:

Name of account holder: _____

Name of joint account holder (if any): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone
(Home) _____ (Work) _____

Financial
Institution: _____

Local Branch Telephone #: _____ Account type: savings
 checking

Please attach a voided check or provide:
Bank Transit Routing Number (9 digits) _____

Bank Account Number (include dashes and spaces): _____

Frequency of EFT: Monthly Semi-Monthly

Amount of EFT (per
withdrawal): _____
Starting Date (mo/day/year) Please choose day as 5th or 20th: _____/_____/_____

As a convenience to me I authorize Olathe Family Vision to make authorized electronic fund transfers from my account identified above. By signing below I understand and agree that:

If a withdrawal request is not honored by the financial institution, Olathe Family Vision will not consider a payment to be made. Olathe Family Vision may, in its sole discretion, resubmit the withdrawal request and notify me via telephone, e-mail or similar means.

