



Electronic Fund Transfer (EFT) Authorization

I (we) hereby authorize the Institute for Better Education to credit entries to the school account indicated below and the Financial Institute named below to credit same to such account. I (we) acknowledge the origination of EFT transactions to the school account must comply with the provisions of the United States law.

Please complete the following information regarding your school.

School Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
Contact Name: _____
Email Address: _____

Please complete the following information regarding your preferred payment method:

Financial Institute Name: _____
Account Routing Number: _____
Account Number: _____
Type of Account: Checking Savings

This authority is to remain in full force and effect until IBE has received written notification from a representative of my school of its termination in such time and manner as to afford IBE and Financial Institution a reasonable opportunity to act on it.

(Print individual name) (Title)

(Signature) (Date)

Please remember to attach a voided check to this EFT agreement. Thank you.



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