Elan ACH Authorization Form
Fax completed form to Paycard Services at 866-904-1408

Sender Name_____ Phone #_____ Date _____

Paycard Number where you want to deposit Funds _____

Name of Paycard Cardholder receiving the funds _____

ACH Funds Transfer Instructions

Source Account Information (Where you want the funds to come from)

- Account Type ☐ Checking ☐ Savings
- Financial Institution (FI) Name _____
- FI Routing/transit number (RTN) _____
  (RTN is the first 9 digits found in lower left hand corner of your check)
- Account Number: _____
  (Up to 17 digits Begins after the 9 digit RTN # on your check)

Amount of transfer $_____ ($1000.00 limit per transfer per day, minimum $10)

Frequency (4 choices, select one)

☐ **One Time** _____
(Insert date you want funds deducted from checking account)

☐ **Weekly** Every _____ Beginning _____
Insert day of the week Insert Date

☐ **Monthly** Beginning: _____
Insert Date

☐ **Twice per month** Beginning _____
Insert Date. (Second monthly deduction will always be 15 days later)

Note: it will take 3 to 4 business days before the deposit is made to your PayCard

ACH Funds Transfer Authorization: I authorize Elan and/or its authorized agent(s) ("Elan") to initiate each single or regularly scheduled recurring transfer from the account and financial institution I have designated above to the PayCard card number I designated above. I agree that these directions to us to make a single or regularly scheduled recurring transfer are my authorization and consent to use this payment service. We will provide the services that you have directed until such time as you revoke your directions.

You have the right to change or withdraw your authorization to continue. To change or withdraw your consent, please contact us at 1-877-755-1474

_____
Authorized Checking Account Owner Name - Print

_____ _____
Signature Date

Elan Agent Initiating Transfer (Internal Use Only) _____