



New EFT/ACH Account
ELECTRONIC FUNDS TRANSFER (EFT)/ACH
AUTHORIZATION AGREEMENT

SECTION I: Customer information must be completed

Business Name Name			Account No	
Business Address			Business Phone No	
City	State	Zip Code	Fax No	
EFT Contact Person Name			EFT Contact Person Phone	

SECTION II: Bank account information must be completed

					Email Address
Bank Name	Address		City	State	Zip code
Routing No	Account No	Contact Person	Bank Phone		

Checking Savings

SECTION III: Authorization Agreement

I hereby authorize designated Financial Agents **Nepa Distributors LLC** to initiate debit entries to the financial institution account indicated above, for payments owed to the **ALHAMRAH CORPORATION** upon request by his/her representative, using the **ACH debit method**.

Signature		Title
Print Name	Phone No	Date

Fax or email the completed form to 800.817.4254 | Email: info@alh247.com or Mail to:

Nepa Distributors LLC
 1028 Reeves Street
 Suite 5-A, Dunmore PA.18512
 If you have questions regarding this form, please call 800 816 4254

IMPORTANT: Attach a copy of a voided check or bank specification sheet. A form without the attachment will be returned unprocessed.

Void Bank Cheque