WILLDAN VENDOR EFT AUTHORIZATION FORM

Date:	____ / ____ / ____
Company Name:	

We hereby authorize, Willdan Group, Inc., to initiate Automated Clearing House (ACH) electronic funds transfer (EFT) to our account as indicated below:

BANKING INFORMATION

Type of Account:	☐ **Checking Account**	☐ **Savings Account**	
Bank Name:			
Bank Address:			
City:		**State:**	**Zip/Postal Code:**
Transit ABA (Routing Number):	**Account Number:**		

VENDOR INFORMATION

Name of Business:		
Address:		
City:	**State:**	**Zip/Postal Code:**
Email Address (for Remittance Detail):		

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF THE BUSINESS

Written Signature (Required)	**Printed Name**	**Phone**

Submit a copy of a voided check or a letter from the servicing bank with this form.
If you change banks or accounts, please provide at ***least thirty (30) days written notice****.*

Respectfully submitted,
WILLDAN GROUP, INC.