



ELECTRONIC FUNDS TRANSFER FORM

EMPLOYER REIMBURSEMENT PAYMENTS

Attach a **voided check** for verification of the checking account number. Any changes to the account must be submitted immediately! The initial request and any subsequent changes will **not** be direct deposited to your account until the account is authorized by your Financial Institution. Authorization will take effect no less than 10 days after acceptance by the Financial Institution. Paper checks will be mailed to your address of record until the account is authorized.

☐ **New Account**

☐ **Change of Account**

☐ **Cancellation**

Financial Institution Name

Branch Name and Phone Number

Address

City

State

Zip

Account Routing Number

Account Number

I hereby authorize Acumen Fiscal Agent, LLC, hereinafter called Company, to initiate credit entries in accordance with the National Automated Clearing House Association (NACHA) to the account indicated above. I further authorize the Financial Institution named above to accept such entries and to credit the amount thereof to such account. I agree to abide by the published NACHA rules found here: <https://www.nacha.org/>.

This authority is to remain in full force and effect until Company and Financial Institution have received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act upon it.

Employer Name

Phone Number

Email Address

Signature

Date

Payroll Agent: Acumen Fiscal Agent, LLC
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
Phone: (866) 859-0026
Fax: (866) 496-4575
Vendor-AL@acumen2.net