



MASSACHUSETTS  
TECHNOLOGY  
COLLABORATIVE

## AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

The undersigned hereby authorizes Massachusetts Technology Collaborative to deposit expense reimbursements and/or other accounts payable funds due into the bank account named below. This authorization will remain in effect until canceled or amended in writing.

**Please check one:**    ☐ Initial authorization    ☐ Modification to existing authorization

Employee Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Transit Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

**Please check account type:**    ☐ Checking Account    ☐ Savings Account

Authorized Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach a voided check from the designated account to ensure that the request is processed accurately.**

**\*\*Please note that your first payment after setting up this EFT Authorization will pre-note the banking information and will be made by check. If no errors are detected, all future payments will be made via EFT.**