

# WILLDAN VENDOR EFT AUTHORIZATION FORM



<b>Date:</b>	____ / ____ / ____
<b>Company Name:</b>	

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

Banking Information					
<b>Type of Account:</b>	<b>Checking Account</b>	<b>Savings Account</b>			
<b>Bank Name:</b>					
<b>Bank Address:</b>					
<b>City:</b>		<b>State:</b>	<b>Zip/Postal Code:</b>		
<b>Transit ABA (Routing Number):</b>		<b>Account Number:</b>			

Vendor Information			
<b>Vendor ID:</b>		<b>Name of Business:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip/Postal Code:</b>
<b>Email Address (for Remittance Detail):</b>			

Signature of Authorized Representative of the Business:		
_____ <b>Written Signature (Required)</b>	_____ <b>Printed Name</b>	_____ <b>Phone</b>

**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.**