



# Domestic EFT Request

\*Required information is noted with an asterisk

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## Publisher Information

\* Publisher Name (if corporate name, please include site URL)

\* Phone Number

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## Beneficiary/Recipient Information

\*Beneficiary Name

\_\_\_\_\_

## Authorizing Signature

**\*X** \_\_\_\_\_

\* Authorized Signature

**\*Date** \_\_\_\_\_

\*I Authorized Kontera Technologies to perform monthly ACH as a form of disbursement

Please tape a voided check here

Please confirm/correct all information on voided check