

Electronic Funds Transfer Terms Agreement

Date: [Insert Date]

To: [Supplier Name]

[Supplier Address]

Subject: Electronic Funds Transfer Terms

Dear [Supplier Name],

We are pleased to inform you that we will be processing payments to your account via Electronic Funds Transfer (EFT) under the following terms:

1. Payment Schedule

Payments will be processed on a [weekly/bi-weekly/monthly] basis depending on the agreement terms.

2. Bank Account Details

Please provide the following information to facilitate the EFT:

- Bank Name: [Insert Bank Name]
- Account Number: [Insert Account Number]
- Routing Number: [Insert Routing Number]
- Account Type: [Checking/Savings]

3. Authorization

By signing this agreement, you authorize [Your Company Name] to initiate electronic funds transfers to the above-mentioned account.

4. Termination

Either party may terminate this agreement with [30] days written notice.

We appreciate your partnership and look forward to continued success together.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]