



Phone: 855-878-1489 Fax: 866-875-4437

[www.apisolutions.net](http://www.apisolutions.net)

## Electronic Funds Transfer Enrollment

Name of Business (as listed on checking account): \_\_\_\_\_

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

Banking Contact Name & Number: \_\_\_\_\_

Routing #: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

This is to establish and authorize EFT Payments to Healthcare & Diagnostic Solutions upon order, as approved and agreed upon by \_\_\_\_\_ (name & title) of \_\_\_\_\_ (name of company). Upon order, an invoice will be faxed to \_\_\_\_\_ for approval & signature verification before account will be drafted. Product will be shipped after account is drafted and funds have been confirmed to Healthcare & Diagnostic Solutions.

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

Printed Name & Title: \_\_\_\_\_