

Electronic Funds Transfer Authorization

I hereby authorize Caribbean Collectibles Creations to directly deposit my pay in the bank account listed below. I have attached a **voided check** or **deposit slip**. This authorization is to remain in force until the company has received written authorization from me of its termination or change.

Also, I grant Caribbean Collectibles Creations the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name:		
Address:		
Telephone: ()	Email	
Signature:		Date:
Account # (Check only one)	Checking	Savings
Financial Institution:		
Street Address:		
City, State and Zip Code:		
Telephone: ()		
Personal Account Number:		
Bank ABA (Routing) Number		

ATTACH VOIDED CHECK OR DEPOSIT SLIP

