

Crescent Ridge Dairy  
Electronic Funds Transfer (EFT) Authorization  
Application

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Payment Method**

\_\_\_\_\_ Checking \_\_\_\_\_ Savings

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\_\_\_\_\_ Full Balance \_\_\_\_\_ \$50.00

**Bank Account Information**

Bank Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Note: If checking, please include a voided or canceled check.**

I hereby authorize **Gulf Management Systems, Inc.**, hereinafter called Company, to initiate debit entries to my bank account. This authorization is to remain in full force until Company has received written notification from me if its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it (30 days). I understand that this payment plan may be cancelled by Company at any time. I represent and warrant that I am authorized to execute this Authorization Agreement and I indemnify and hold the Company, bank and their agents harmless from damage, loss or claim resulting from all authorized actions hereunder.

\_\_\_\_\_  
**Payer's Signature**

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

**Check one:** \_\_\_\_\_ **new participant**

\_\_\_\_\_ **change**

Once form is completely filled out you may leave it in your delivery box for your driver, or send it to us at:

**Crescent Ridge Dairy  
355 Bay Road  
Sharon, MA 02067**