

AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFER

Your payment could have already been deposited via electronic funds transfer with electronic remittance advice sent to the email address you provide below.

VENDOR INFORMATION

Vendor Name:

Fed. Tax ID:

Contact:

Address:

Phone Number:

Email Address:

BANK INFORMATION

Bank Name:

Bank Address:

Bank Country:

Routing/Swift No.: Account No.:

Type of Account: Savings Checking

Authorized Vendor Printed Name:

Authorized Vendor Signature:

Title:

Date:

PAYMENTS FROM

Light Corporation
14800 172nd Avenue | Grand Haven, MI 49417
Ph. (616) 842-5100 | Fax: (616) 846-2144 | ap@lightcorp.com