



ACH ACCOUNT CHANGE Authorization Form

This form is to be used when modifying the Bank information you have directed TEAM to deposit your payments into.

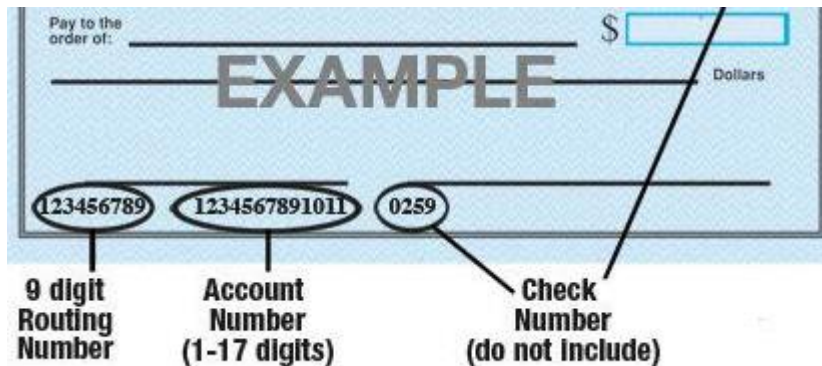
Please print and complete ALL the information below.

Provider Name: _____

Address _____

City, State, Zip: _____

Phone Number _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Check One)

TEAM Inc. is hereby authorized to modify ACH funds transfer entries, using the account listed above. This authorization reflects the modification in bank account information TEAM has on file. This modification will remain in effect until I modify or cancel it in writing.

Signature: _____ Date _____

Scan & Email to: twigglesworth@teaminc.org