



Electronic Transfer of Funds Authorization Form

Association Name: _____ Association Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail Address: _____

Internet E-mail: Our ability to support your questions and problems, and to get information to you about WinLABS, is greatly enhanced when we communicate with you via **Internet E-mail**.

We, the undersigned representatives agree to participate in the electronic transfer of dues between our local association and USBC Headquarters. We further agree to meet all requirements of this process set forth by USBC.

President's Signature: _____ Date: _____

Association Manager's Signature: _____ Date: _____

Select one of the following options:

- Option 1 – We are already on WinLABS, our banking information is provided below.
- Option 2 – Send WinLABS Software, our banking information is provided below.
- Option 3 – We process by sharing a computer with a neighboring association or we process through USBC Headquarters, our banking information is provided below.

Please fill out all of the banking information requested below. For the most efficient processing of your request, please attach a voided check to this form, and disregard completing the banking information.

Bank or Savings & Loan Name: _____

Bank/S&L Address: _____ City: _____ State: _____ Zip: _____

Type of Account (Check One): Savings Account Checking Account

Account Number: _____ Branch: _____

Bank Routing Number (Must Be 9 Digits): _____