

## Electronic Transfer Authorization

Date:	-			
Business Name:				
Street Address:				
Mailing Address:				
City	State	Zip		
Phone No.: Email Address : Bank Name:				
(circle only one ) attached a copy of the check	Checking		Savings	
Bank Account Number:_				_
Bank Routing Number:_				_
(circle all that apply) Accounts Electronic Tra	insferred: S	oda Beer	Both	
I authorize Western Wy payment of our invoices	O	C	•	transfer funds for
Signature:				
Print Name:				
Title:		_		