



### EFT / BANK DRAFT CHANGE REQUEST FORM

Please fill out and sign (true signature) the bottom of this form to change your EFT / Bank Draft Account. Fax to 817-332-6234 or 817-335-1270.

#### General Member Information

Payor's Name

Street Address

City

State

Zip Code

#### Financial Institution Information

Name of Financial Institution

Street Address

City

State

Zip Code

Account Number

ABA 9 Digit Routing Number

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I hereby authorize HA Partners, Inc., herein called COMPANY, to initiate debit entries to the account indicated above and the depository named above, herein after called DEPOSITORY, to debit the same such account.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature of Payor

Date