

## **Electronic Funds Transfer (EFT) Form**

Employee Information:	
Name: Grace Albanese	SS#: 097428722
Address: 416 Haverlake Circle	
City, State, Zip: Apopka, Florida 32712	
Phone #: 407-8898545	
Bank Information: **PLEASE ATTACH A	VOIDED CHECK**
Bank Name: Central Florida Educators Federal Cred	dit Union
Name on Account: Grace Nicotra Albanese	
Account #: 263181384 F	Routing #: 2370004425306
☐ Checking ☐ Savings	
Authorization Agreement: I hereby authorize Search & Social Media, LLC to deposit my paycheck directly into the above mentioned account. This authority will remain in effect until I have given writter notice that I am terminating this contract, or until Search & Social Media, LLC has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instruction to be executed. If an incorrect deposit should be made into my bank account, authorize my bank and Search & Social Media, LLC to make the appropriate adjustment(s).	
Employee Signature: Grace Albanese (Aug 30, 2010)	Date: Aug 30, 2010