



Electronic Funds Transfer Authorization Form

This Form is an authorization agreement for Automated Clearing House pre-authorization corporate payments.

The undersigned hereby authorizes Project QUEST, Inc. to originate debit and correcting credit entries via the Automated Clearing House to the account indicated below at the Depository Financial Institution named below.

Bank Name: _____

Routing Number: _____ Account Number: _____

Checking or Savings (circle one)

Name on Account: First _____ Middle _____ Last _____

Last Four of SSN: _____ Career Coach: _____

This authorization will remain in effect until written notification of termination has been given by the participant and that notification has been received by Project QUEST, Inc. In addition Project QUEST, Inc., in its discretion, may terminate the participant's ability to participate in the Electronic Funds Transfer System. Any termination will take effect only after all entries originated by Project QUEST, Inc have been honored by the bank.

Authorization Signature: _____ Date: _____

Participant, by its signature above, and Project QUEST, Inc., by its initiation of the entries authorized, hereby agree to be bound by the National Automated Clearing House Association (NACHA) rules relating to Corporate Trade payment entries in the administration of these entries. Entries will be initiated only as authorized above. Any issues, objections or discrepancies regarding the amounts will be reported no later than 90 days from entry date in writing to:

Project Quest, Inc. 515 SW24th Street, Suite: 201 San Antonio, TX 78207

Form Submission: Upload through our website at www.questsa.org bottom of home page

UPLOAD EFT & DC AUTHORIZATION FORM

Mail in or drop off Attn: Lucie Accounting Dept.