

ELECTRONIC FUND TRANSFER (EFT) FORM

**GAS TECHNOLOGY INSTITUTE
1700 S. MOUNT PROSPECT ROAD
DES PLAINES, ILLINOIS 60018
847-768-0500**

COMPANY NAME: _____

COMPANY ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS _____

(Accts. Receivable person)

AUTHORIZED PERSON: _____

TITLE: _____

DATE: _____

BANK NAME: _____

ABA (BANK ROUTING) NUMBER: _____
(FOR ACH PAYMENTS ONLY-NOT FOR WIRE TRANSFERS)

ACCOUNT NUMBER: _____

ACCOUNT TYPE: _____CHECKING _____SAVINGS

**PLEASE SEND THE COMPLETED FORM TO GAS TECHNOLOGY
INSTITUTE BY FAX TO PURCHASING DEPARTMENT AT 847-768-0750 OR
BY EMAIL TO PURCHASING@GASTECHNOLOGY.ORG**