

ELECTRONIC FUNDS TRANSFER (ACH) FORM

I hereby authorize Flywheel Energy to make electronic funds payments via ACH to my bank account. This authorization remains in effect unless 30 days written notice is received by the Company from the undersigned requesting termination or changes.

Request Type: ___ New Application ___ Request Change ___ Request Cancellation

Owner Name: _____

Flywheel Owner Number: _____ **TIN or SSN #** _____

Phone: (____) - ____ - _____ **Email:** _____

Banking Information:

Account Type: Checking Savings

Bank Name: _____

9-Digit Routing Number: _____ **Account Number:** _____

ATTACH VOIDED CHECK HERE

IMPORTANT: Please attach a voided check or official bank document verifying account information. Also, please allow up to two payment cycles for processing, you will continue to receive a check while we process your request.

If you are sending information for a Trust, the bank account name must match the Trust name. We are unable to transfer funds electronically to a Trustees' personal account.

Dual Signatures required for dual accounts

Signature: _____ **Signature:** _____

Print Name: _____ **Print Name:** _____

Date: _____ **Date:** _____