



NETWORK PARTICIPANT: EFT CHANGE FORM

Please Note: EFT without a fee is only available to shops that have a signed Contract with the Safelite Solutions Network

By signing this application:

1. I authorize Safelite Solutions to initiate electronic payment orders to the business account listed below.
2. I agree to notify Safelite Solutions in writing of any changes to the EFT account, or the closing of this account.
3. I agree to the terms and conditions of the Safelite Solutions EFT program.

Company Name _____ Shop # _____
 Street Address _____
 City/State/Zip _____ State _____ Zip _____
 Contact Name _____ Title _____
 Contact Phone _____ Contact Fax _____
 E-Mail Address _____

| | | | |
|-----------------------|-----------|--------------|--------------|
| TYPE OF CHANGE | ADD _____ | CHANGE _____ | DELETE _____ |
|-----------------------|-----------|--------------|--------------|

BANKING INFORMATION:

Bank Name _____
 Bank ABA # _____ - _____ - _____ (9-digit Bank Routing/Transit #)
 Account Name _____
 Bank A/C # _____

Please attach a copy of a voided check from this account for verification purposes.

*Signature _____ (must be owner or corp. officer)
 *Printed Name _____
 Federal Tax ID # _____ Has the Federal Tax ID # Changed? Yes / No _____

To apply for Safelite Solutions Network EFT participation, SIGN this completed application, enclose a voided sample check and email or fax both items to:

SGCNetworkAgreement@Safelite.com

Fax: 614-210-9841
Safelite Solutions Network / Attention: Contract Management Dept.
PO Box 182277
Columbus, OH 43218-2277

For Internal Use Only

| | |
|---------------------|----------------|
| Shop/Parent # _____ | Vendor # _____ |
| Authorized By _____ | Date _____ |



NETWORK PARTICIPANT EFT CHANGE FORM

Please tape a copy of a voided check in the space provided below.

**If you do not have access to checks, you can get a counter check from the bank with your routing and account number printed on it or substitute a letter from the bank that contains your account information.*

SGCNetworkAgreement@Safelite.com

Fax: 614-210-9841

Safelite Solutions Network / Attention: Contract Management Dept.

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