



Electronic Fund Transfer (EFT), FINTECH or Escrow Form

Fax to 207-865-1516

Date _____ Please check one: New **EFT** Authorization
 New **Fintech** Authorization
 New **Escrow** Authorization
 Revision to existing authorization

Name of Business _____

Corporate Headquarters or Legal Name (if different)

State of Maine Liquor License # _____ Contact Person _____

E-mail _____ Phone # _____ Fax # _____

EFT ONLY

_____ **Name of Financial Institution**

_____ **Location (City, State)**

Financial Institution's Routing/Transit Number:

(nine digits)

Checking Account Number:

_____ **Please attach a copy of a canceled or voided check.**

I hereby authorize Bow Street to initiate a debit entry to my checking/savings account at the banking institution indicated above, and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until Bow Street is notified by me in writing to cancel it.

_____ *Signature* *Print Name* *Title*

ESCROW ONLY

Amount _____

Please attach a check payable to Bow Street for the amount indicated above.

Establishing an escrow account will be subject to state approval. Bow Street will maintain secure record keeping in compliance w/ the Maine Bureau of Alcoholic Beverages & Lottery Operations. Delivery documents will serve as notification that payment is due. Checks should be remitted to: **Bow Street, 79 Bow St, Freeport, Maine 04032.**
