

AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

Payee Information:				
Payee Name:				
Payee Address:				
Payee City:		State:		Zip Code:
Contact Name:			Phone #:	
E-Mail Address: (for remit advice)				
Banking Information:				
Bank Name:				
Bank Address:				
Bank City:		State:		Zip Code:
Bank Contact Name:			Phone #:	
ABA Routing #:			Account #:	·
Account Type (please check only one)	Checking	Savings	s 🔲	
Payee's Authorization: Please sign below to confirm the transferring payments for your above.				
Signature		_		Title
Phone Number				Date
*Additional Verification if	changing bank ac	count:		
Previous Bank Account #:				
from your bank provide				ided check or a letter/statement count information. Please