

ACH REQUEST FORM

To process your CHECKING account request, you must provide a copy of a VOIDED CHECK (**DEPOSIT SLIPS ARE NOT ACCEPTABLE FOR CHECKING ACCOUNTS!**). Please have your banking institution verify the information provided. This information will be entered into the system within 30 days.

CUSTOMER INFORMATION (please print)

Name _____

Address _____

BANK OR FINANCIAL INFORMATION

Banking Institution Name _____

Address _____ City _____ State _____ Zip _____

ACH Routing Number (MUST BE 9 DIGITS) _____

ACCOUNT NUMBER _____

____ Checking

____ Email Address

IMPORTANT: Please verify the ACH Routing Number and your account number with your financial institution before submitting the form. The codes on your check or deposit slip do not always match what your institution uses for fund transfers. Failure to provide the correct information could cause your direct deposit to fail, or to be deposited in the wrong institution and/or account. We cannot be held accountable for incorrect information provided by you.

AUTHORIZATION: It is agreed that these deposits may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until canceled by me.

CUSTOMER SIGNATURE: _____ **DATE:** _____