



Please consider using this handy fax form to pay your deposit with a e-check!
There is no fee to use an e-check!

Simply fill out the following information and return it and a copy of a blank voided check via fax to us at: 615 283 0039 or email tim@thegrablegroup.com.

Your name: _____

Our client: _____

Date of your event: _____

I authorize Grable Group, Inc. to initiate either an electronic debit or to create and process a demand draft against my bank account on or after date signed below for the amount of _____ [Amount]. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. My account information is as follows:

Bank Information

Bank ABA Number [Routing Number]: _____

Bank Account Number [Account Number]: _____

Bank Account Type: [Checking/Savings/Business
Checking] : _____

Signature: _____

Printed Name: _____

Date Signed: _____