

## 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