

ACH Payment Authorization Form

Name on Account: _____

Routing Number: _____

Account Number: _____

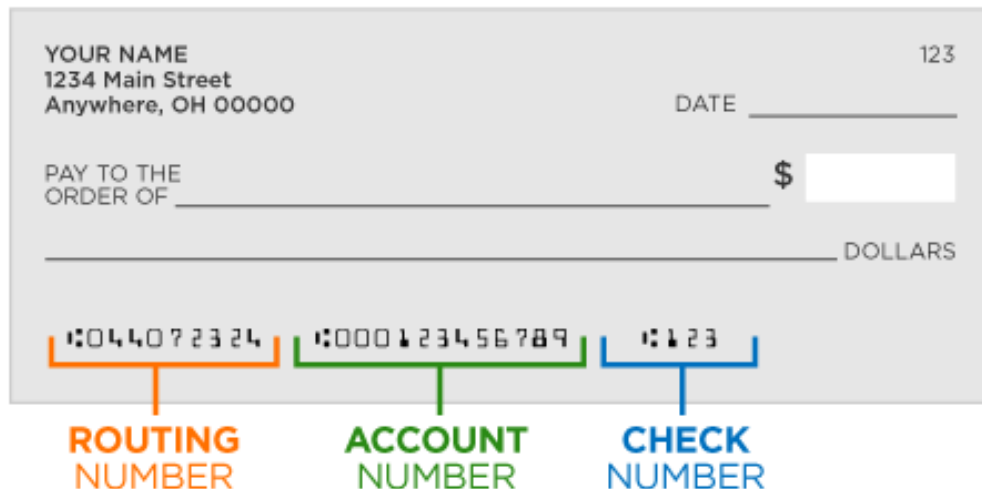
Type of Account: **Checking** **Savings** (Circle one only.)

Account Holder Name (Printed) _____

Authorized Signature: _____

Date: ____ / ____ / ____

*****Please email completed form to LS@Advancedscreenworks.com or fax to 678-288-7924*****



YOUR NAME 123
1234 Main Street
Anywhere, OH 00000 DATE _____

PAY TO THE ORDER OF _____ \$ _____
_____ DOLLARS

044072324 **000123456789** **123**
ROUTING NUMBER **ACCOUNT NUMBER** **CHECK NUMBER**