ACH PAYMENT AUTHORIZATION

Please print and complete ALL the information below. Name: Address: City, State, Zip: John Jones 124 Main Street Anywhere, MA 02345 0259 1234567891011 9 digit Account Check Routing Number Number (1-17 digits) (do not include) Name of Bank: Account #: 9-Digit Routing #: **Type of Account:** Checking Savings (Check One) If possible, attach a voided check for the bank account funds should be deposited to. **Peachtree Road UMC** is hereby authorized to pay me via ACH to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Vendor's Signature:



Date: