

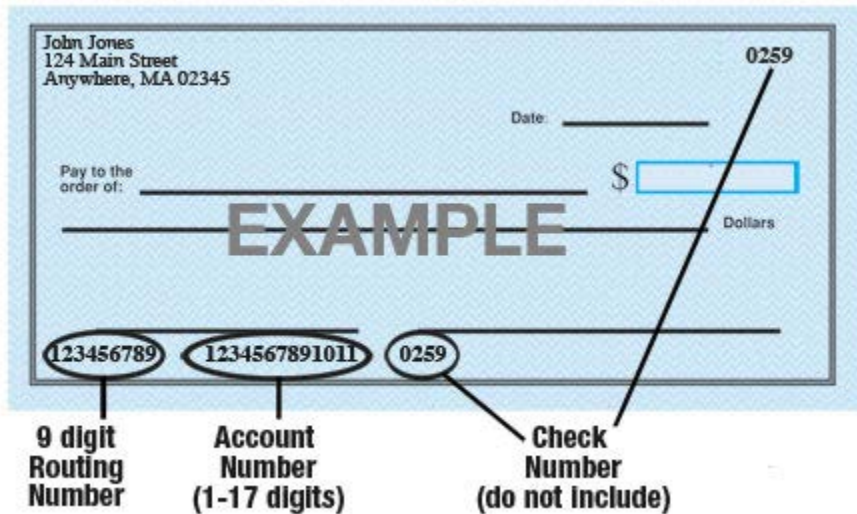
ACH PAYMENT AUTHORIZATION

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



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: _____

