

ACH FORM

Please fax your ACH Payment information on your company letterhead, or complete this form and have it signed and dated by an officer of the corporation.

Please note: If we are reimbursing the network, the company name should match the network's name on the w9. If we are reimbursing a network's leader, the name should be the individual's name as shown on the w9.

Company Name: Name should match the w9.

Address: Address should match the w9.

Telephone Number: Phone # of Official

Email address to send electronic remittance notification:
At least 2 Network's officials' email addresses

ACH Payment Instruction:

Bank Name: Name of Bank (Ex: Chase, Union Bank, etc)

Bank Address: Bank address where account was opened

ABA Number (9 digit): Routing #

Account Name: Bank Account Name

Account Number: Bank Account #

Tax ID/SSN: SS# (if Network Leader) or Employer Identification # (if reimbursing Network)

Signature of Officer/Proprietor authorizing the ACH payment:

Name: _____

Title: Ex: Treasurer, President, etc.

Date: _____

Signature:

NOTE: Please include the most recent W-9 form.