



autobooks

AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION FORM

Information:

Financial Institution
Name: _____

Remittance Address: _____

Remittance City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone #: () _____

E-Mail Address: _____

Banking Information:

Bank Name: _____

Bank Address: _____

Bank's City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone #: () _____

ABA Routing #: _____ Account #: _____

Account Type
(please check only one) Checking Savings GL

Authorization:

Please sign below to confirm that you are authorizing Autobooks, Inc to begin transferring payments to the account mentioned above. All questions and requests can be sent to accounting@autobooks.co or call (313)774-2445

| | |
|---------------------|----------------|
| _____ Signature | _____ Title |
| () Phone Number | _____ Date |

***Additional Verification:** Previous Bank Account # (if applicable): _____