

ACH Authorization Form



I. Account Information

Business Name:

Street Address:

City:

State:

Zip:

Phone number:

Email:

Please specify authorization of entire account or only specific department(s)/branch(es) (check one):

Entire account Only department(s)/branch(es) listed:

II. Financial Institution Information

I (We) hereby authorize Washington Archives Management to initiate debit/credit entries to my (our) account in the entity named below ("institution"), and I (we) authorize the institution to accept and to debit the amount of such entries to my (our) account.

This authorization is to remain in full force until Washington Archives Management has received notification from me (or either of us) of its termination in such time and in such manner as to give Washington Archives Management and my (our) institution a reasonable opportunity to act on it. Any discrepancies on invoice must be made known prior to withdrawal date in order to be applied to current invoice.

Financial Institution Name:

Financial Institution Street Address:

City:

State:

Zip:

Transit/ABA Number:

Account Number:

Preferred withdrawal date (check one): 10th 20th

Authorized Signer and title (please print):

Signature:

Date:

Authorized Signer and title (please print):

Signature:

Date:

Please attach a voided check.

If you have any questions call 800-715-6683.

Complete and return to: 2205 51st Ave E, Ste 300
Fife, Wa 98424
253-922-4575(fax)