



ACH Authorization Form

Company Name: _____

Address: _____

Phone: _____

Email: _____

I (we) hereby authorize **Upfront Restoration & Roofing** hereinafter called the **COMPANY**, to initiate credit entries into my (our) account listed below at the depository financial institution named below and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the law.

Select Type of Account:

☐

Checking

☐

Savings

Depository Financial Institution: _____

City: _____ **State:** _____ **Zip:** _____

Routing Number (9 Digits): _____

Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (please print)

Signature

Date: