



UNITED CAPITAL
S O U R C E

*ACH Transmittal
Authorization Form*

Applicant's Name: _____

Office Name: _____

Address (as it appears
on your checks): _____

Bank Name: _____

Bank Contact Name: _____

Bank Contact Phone #: _____

Account #: _____

Routing #: _____

By completing and signing this form, I authorize United Capital Source, LLC to transfer funds to the checking account designated above.

Applicant's Signature: _____
Name: _____ Title: _____

VERY IMPORTANT!!!!

PLEASE ATTACH VOIDED CHECK!!!