



ACH Authorization Form

I (we) _____ (THE COMPANY) hereby authorize Arch Painting, Inc. to initiate payment to my (our) checking/savings accounts at the financial institution listed below. And if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by Arch Painting, Inc. in writing to cancel or THE COMPANY notifies Arch Painting, Inc. in writing to cancel.

**Per Massachusetts State law all requests must be faxed, (781) 933-9918 Attention Accounts Payable.
Never email this document**

SUPPLIER’S BANK INFORMATION – Please include a copy of a voided check

Payee (Company’s) Account Name

Name of Financial Institution

Address of Financial Institution

Financial Institution Routing Number

Account Number

Please Circle one -

CHECKING

SAVINGS

SUPPLIER’S CONTACT INFORMATION AND APPROVAL

Contact name

Signature

Date

Name – PLEASE PRINT

e-mail address for remittance advice