

GHA Barnett, LLC
ACH Set-up/Change Form

Owner Number: _____

ADDRESS AND CONTACT INFORMATION

Name: Last First Middle Initial

First Line Address

Second Line Address

City, State, Zip

Office Telephone No.

Cell Telephone No.

Home Telephone No.

E-Mail Address

(Required to receive ACH payments and e-statements)

ACH ENROLLMENT/CHANGE OF PREVIOUS ENROLLMENT

Please provide the following information and **attach a voided check**:

Bank Name: _____

ABA Routing No.: _____

Account Name: _____

Name or names on bank account must be the same as the owner account

Account Type: ☐ CHECKING

☐ SAVINGS

☐ OTHER

Account No.: _____

AUTHORIZATION BY ALL OWNERS ON THE ACCOUNT

Please process the above address change/ACH enrollment information effective immediately. For ACH information, I confirm that I am a registered owner of the account referenced above.

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____

PLEASE RETURN THIS FORM TO:

AP@gha-group.com (preferred)

or send by regular mail to:

GHA Barnett, LLC

Attn: Revenue Accounting Dept.

2800 Post Oak Blvd. Suite 5115 | Houston, TX 77056