



Banking Authorization Form

Company/Participant Name: _____

Contact Name and Title: _____

Email: _____

Effective Date: _____

FEIN/SSN: _____

Financial Institution Name: _____

Account Type: **CHECKING** _____ **SAVINGS** _____

Routing Transit Number (all nine boxes must be filled)

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Account Number (do not include hyphens, spaces, or special symbols)

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By signing this agreement, I authorize AWM to initiate credit and/or debit entries to the Account(s) indicated above for the purpose of reimbursements or remittances and to initiate, if necessary, adjustments for any entries made in error.

Signature: _____ Date: _____

*****SIGNATURE CARD*****

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Please return this form either by email to billing@awm.cc or by fax to 866-226-9774.