PromptPay Financial

ACH / Direct Deposit Authorization Form

Please complete this form and return it with a voided check or official bank letter.

Account Holder Name: _____

Business Name (if applicable): _____

Bank Name: _____

Bank Address (Optional): _____

Routing Number (9 digits): _____

Account Number: _____

Account Type: ■ Checking ■ Savings

Authorization
I authorize **PromptPay Financial** to electronically deposit funds into the bank account listed above through the Automated Clearing House (ACH) network. I certify that the information provided is accurate and that I am authorized to use this account. I understand that this authorization will remain in effect until I provide written notice to PromptPay Financial.

Date: _____

Printed Name: _____

Authorized Signature: _____

Required Documentation

■ Voided Check Attached

■ Bank Letter Attached (if no voided check is available)

For Office Use Only

Date Received: _____

Verified By: _____

Date Entered: _____

Effective Date: _____