

ACH PAYMENT AUTHORIZATION

If you would prefer **Youth Entrepreneurs** to pay your invoice electronically, please complete the ACH information below. Funds will be deposited directly to your bank account. This information will be filed securely and used to provide reimbursements only. If possible, to expedite your ACH setup, please include a copy of a voided check with your completed form. If you are unable to provide a voided check, we will call you to verify your ACH information.

Vendor Name: _____

Vendor Phone Number: _____

Vendor E-Mail: _____

Bank Name: _____

Bank Address: _____

Bank Phone: _____

Account Name: _____

Account Number: _____

Routing Number (9 digits): _____

Account Type:	Business Checking	Personal Checking
	Business Savings	Personal Savings

Person completing this form:

Signature:

Date: