



AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

This form is used for Automated Clearing House (ACH) payments. The information being collected on this form will be used by Dumas Wesley Community Center to transmit payment data, by electronic means, to your financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through ACH Payment System.

Provider Information:

Provider Name: _____

Address: _____

City: _____ State: _____ Zip Co _____

E-Mail Address: _____ Phone #: () _____

Banking Information:

Provider's Bank Name: _____

ABA Routing #: _____ Account #: _____

Account Type Checking Savings
(please check only one)

Provider's Authorization:

Please sign below to confirm that you are authorizing Dumas Wesley Community Center to begin transferring payments for your monthly meal reimbursements to the account mentioned above. By signing below, I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Dumas Wesley Community Center in writing of any changes in my account information or termination of this authorization at least 14 days prior to the next billing date.

Printed Name

Signature

() _____

Phone Number

Date

Please submit the completed form and a copy of a voided check or a letter from your bank providing confirmation of your account information to:

Dumas Wesley Community Center
Attn: Renée A. Manning
126 Mobile Street
Mobile, AL 36607
rmanning@dumaswesley.org
(251) 479-0649