

ACH Payment Authorization Form

Mastin Septic & Well Service DBA Co-Man Portable Toilets

BANK ACCOUNT INFORMATION

Account where funds will be deposited into. The bank account must be authorized to receive funds via ACH.

Bank Name: _____

Bank Address: _____

Account Name: _____

Account Number: _____ ABA #: _____

Account Type (Checking/Saving): _____

AUTHORIZATION

Signature

Print Name

Print Title

IMPORTANT INFORMATION ABOUT ACH

1. Not all banks participate in ACH transactions. If your financial institution does not participate, you will not be eligible for this service.
2. **WIRE INSTRUCTIONS AND ACH INSTRUCTION MAY OR MAY NOT DIFFER. IT IS IMPORTANT TO ASK YOUR FINANCIAL INSTITUTION IF THERE ARE DIFFERENT INSTRUCTIONS FOR ACH.**



Please complete this form and email it to sales@comanportables.com
For questions, please contact the office at 419-877-5351 or 419-877-9116