Williams

since 1922

data management

ACH Enrollment Form

CREDIT/DEBIT AUTHORIZATION FORM

I _____ hereby authorize Williams Data Management to initiate entries to our checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Williams Data Management is notified by us in writing to cancel it in such time as to afford Williams Data Management and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____

(Company Name)

_____

(Name of Bank Financial Institution)

_____

(Address of Financial Institution- Branch, City, State, & Zip)

_____

(Signature)   (Date)

_____

(Name - PLEASE PRINT CLEARLY)

Recurring payment Date: <u>10th day of each month</u>

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____

Account Number: _____

AP Contact Name: _____

Primary Phone Number: _____

Email for Payment Receipts: _____