



ACH Authorization Form

I request that the WPMA Accounts Payable Department make payments to me through ACH deposits to my bank account:

Name: _____

Signature: _____

ACH Information:

Name of Bank: _____

Bank Routing Number: _____

Bank Account Number: _____

Deposit in: Checking Account _____ Savings Account _____

Name on the Account: _____

Authorized Signer on Account: _____

E-mail for ACH notification: _____

Please fill out form and fax back to Kathy Michaelis at the WPMA Accounts Payable Department. You will be notified via e-mail when an ACH deposit is going to be made to your account.

WPMA Fax Number: (801)262-9413