

# Jeffan

## ACH PAYMENT REQUEST FORM

### **Customer Information**

Business Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Company Contact Name \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Bank Information**

Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank ABA (Routing) Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

### **Remittance Advice Notification Method**

Email Address: \_\_\_\_\_

The authority for ACH payment shall remain in full force and effect until Jeffan International Inc receives written notification of your intent to terminate in such time and manor as to afford Jeffan International Inc a reasonable opportunity to respond.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title