

This form is used for Automated Clearing House (ACH) payments to provide payment-related information to your financial institution. You must check with your financial institution to confirm that funds have been withdrawn.

Note: Checks are negotiable for only 90 days (reduced from 180 days).

This form is ☐ new ☐ showing a change of information

I would like to make ☐ a one time payment ☐ recurring payments

CLIENT INFORMATION

Primary Contact

Name _____
Title / Position _____
Work Phone _____ ext _____
Cell Phone _____
Email _____
Website _____

Billing Contact

Name _____
Title / Position _____
Work Phone _____ ext _____
Cell Phone _____
Email _____

ADDRESSES

Mailing Address

Street _____ apt/suite _____
City _____ State _____
Zip Code _____

Billing Address

Street _____ apt/suite _____
City _____ State _____
Zip Code _____

FINANCIAL INSTITUTION INFORMATION

Bank Name _____
Bank Address _____
Routing Number _____
(first nine numbers at the bottom of check)
Account Number _____
Account Type ☐ Checking ☐ Savings ☐ Other: _____
Payee/Authorized Official
Name (printed) _____ Title _____
Signature _____ Date _____

A **voided check** must accompany this form in order to set up electronic payments. An **email address** is recommended to participate in this program. Give to your account representative, or mail to our address:

Partnered Solutions IT
58 West 11th Ave. Suite A
Eugene, OR 97401