

## ACH AUTHORIZATION FORM

Company Name		
Address	City	State/Zip
Phone Number	Email Address	
Account Type: Busine	ss Checking	Savings
Bank Name		
Address	City	 State/Zip
Routing / Transit Number	Account Number	
hereby authorize WUSATA to proc referenced bank account.	cess ACH payments for de	posit into the above
Printed Name	 Signature	 