

# ELECTRONIC PAYMENT REQUEST

I HEREBY AUTHORIZE TRUE COS, TO MAKE ELECTRONIC FUND PAYMENTS VIA ACH TO MY BANK ACCOUNT.

\*PLEASE ATTACH A COPY OF YOUR W9

\*PLEASE ATTACH ONE OF THE FOLLOWING: A VOIDED CHECK, A DEPOSIT SLIP, A BANK LETTER

## ACH PAYMENT INFORMATION

Financial Institution Name

Financial Institution Address

Routing Transit (ABA) Number

Account Number

Account Type     Checking     Savings

Accounts Receivable Contact Information (Name/Email Address/Phone Number)

Remittance Email Address

I certify the depository information listed above is accurate and I authorize True Companies to issue payment electronically via ACH. This authorization may be terminated by either party by giving at least a thirty (30) day written notice to the other party.

By \_\_\_\_\_ Title  
(Signature of Authorized Representative)

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