|  |  |  |
| --- | --- | --- |
| **ACH BANKING INFORMATION** | | |
| **Bank Name** |  | |
| **Bank Routing Number** |  | |
| **Bank Account Number** |  | |
| **Account Type** |  | |
| **Account Name** |  | |
| **Address** |  | |
| **Email address for ACH remittances** |  | |
| **ACH AUTHORIZATION**  ***NOTE: Two Authorization signatures are required. Authorizers must be Manager or Controller.***  ***Only one authorization signature is required for Sole Proprietor or Single Member LLC.*** | | |
| **Authorizer 1 Name & Signature** | **Name** |  |
| **Signature** |  |
| **Authorizer 1 Title:** |  | |
| **Authorizer 1 Contact Info:** |  | |
| **Authorizer 2 Name & Signature:** | **Name** |  |
| **Signature** |  |
| **Authorizer 2 Title:** |  | |
| **Authorizer 2 Contact Info:** |  | |

**\*\*This form must be returned secure email to** [**Finance@wahbexchange.org**](mailto:Finance@wahbexchange.org)