

ACH AUTHORIZATION FORM FOR GREENLEAF PAYMENT SERVICES

Name _____

Address _____

Please provide all required information listed below. Your bank can provide the transit routing number.

Name of Bank	_____
Bank Address	_____

Bank Account #	_____
	Checking _____ Savings _____
Transit Routing #	_____

I hereby certify that I am a duly authorized official fully empowered to legally bind the above-referenced employer. By signing as the Authorizing Official below, I, as an agent of the above company, hereby authorize Greenleaf Payment Services to initiate ACH credit entries to the financial account listed above and to initiate, if and when necessary, debit entries and adjustments to the financial account listed above for any credit entries effectuated in error.

AUTHORIZING OFFICIAL TO WHOM INQUIRIES CONCERNING ACH TRANSFERS ARE TO BE DIRECTED TO:

Name _____

Telephone # _____

Date _____

E-mail Address _____

Tax Identification # (TIN) _____

Signature _____

Please return this form to Greenleaf Payment Services, PO Box 19380, Minneapolis, MN 55419 or FAX to (612) 605-2279. If you have any questions regarding this form, you may call Ed Leaf at 612-605-1418.