



## ACH Authorization Form

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Routing Transit Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

I certify that I am an authorized signer, or otherwise have the authority to act, on the account identified in this statement. I authorize Art's Way to make payments for goods/services to my financial institution as outlined above.

Signature of Authorized  
Representative \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_