

Automatic Clearing House (ACH) Form

With our ACH payment option, your financial institution makes your payments directly to ATC Communications monthly. Please complete the information below to begin taking advantage of the free service. You will continue to receive a monthly invoice via mail or email showing the amount deducted from your checking account.

Please provide a voided check or copy of a voided check.

Deductions take place each month approximately on the 5th.

Bank Name:				
City:				
Name(s) on Bank	Account:			
Bank Routing Nu	ımber:			
Account Number	·:			
,				
	NAME ADDRESS CITY, STATE ZIP		0123 01-2345/6789	
	RAY TO THE ORDER OF	DATE	1 \$	
	BANK NAME	- 00	DOLLARS	
	ADDRESS CITY, STATE ZIP FOR	<u> </u>		
	:012345678: 01234	567890123# 0123		
		k Account Check Number Number		

Email Address: _____