ACH Authorization Form

Customer Information:

Customer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone #: ( ) _____

E-Mail Address: _____

Banking Information:

Customer's Bank Name: _____

Bank Address: _____

Bank's City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone #: ( ) _____

ABA Routing #: _____ Account #: _____

Account Type
(please check only one) Checking ☐ Savings ☐

Customer's Authorization:

Please sign below to confirm that you are authorizing Fireside Recovery to begin automatic transferring of payments for your invoices from the account above each month.

_____ _____
Signature Title

( ) _____ _____
Phone Number Date

Please submit the completed form and a copy of a voided check or a letter from your bank providing confirmation of your account information to jmoore@firesiderecovery.com