625 WEST MAIN STREET | P.O. BOX 100

PHONE: 844.970.2739 | FAX: 270.789.3625

ACH BANK DRAFT SIGN-UP FORM

Member Information

Name: _____ Account Number: _____

Email Address: _____ Phone Number: _____

Financial Institution Information

Bank Name: _____

Bank Routing Number: _____

☐ CHECKING ☐ SAVINGS

Account Number: _____

Name on Account: _____

I certify that the above information is correct, that I am an authorized signer or designate of the account provided for ACH Transactions, and that I am authorized to provide this information.

I hereby authorize Taylor County RECC to withdraw payments against my account at the bank listed on the attached, voided check.

This authorization is to remain in effect until Taylor County RECC has received notification to cancel at least ten (10) business days prior to the due date.

Printed Authorized Name: _____

Authorized Signature: _____