ACH Remittance Enrollment Form

ENTITY INFORMATION ☐ **New Request** ☐**Change Request**

NAME			
ADDRESS	CITY	STATE	ZIP
CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER	
EMAIL ADDRESS (PRINT CLEARLY)			

FINANCIAL INSTITUTION INFORMATION

BANK NAME			
ADDRESS	CITY	STATE	ZIP
ACCOUNT NAME	ACH ROUTING NUMBER (9 DIGITS)	ACCOUNT NUMBER	
ACCOUNT TYPE ☐ CHECKING ☐ SAVINGS			

Certification:

I certify I am responsible for notifying any changes to the information provided above to FBLA, Inc. I certify that I agree to immediately return any erroneous payments that may occur as a result of payment via ACH. I certify the information provided on this form is true and correct, and that I, as an authorized representative for the above-named company, herby authorize FBLA, Inc. to electronically deposit payments to the designated bank account. This authority remains in full force until written notice of change or cancellation is received by FBLA, Inc. FBLA, Inc. reserves the right to cancel or suspend this authorization at any time.

Authorization:

_____ _____ _____ _____

Authorized Official Name | Signature | Title | Date

Please email the completed form along with a copy of a **VOIDED CHECK** or **BANK VERIFICATION LETTER** to kstorm@fbla.org