

Date: _____

EFT (ACH) PAYMENT FORM

Customer # _____

Customer Name _____

Bank Name _____

Bank Routing (Transit) Number (9 Digits)

Account Number

Check Number

Please pay on the following Invoices or Sales Orders:

INVOICE #/SALES ORDER #

AMOUNT

INVOICE #/SALES ORDER #	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COMPLETED BY: _____