

# ACH Debit Authorization



Customer Account #

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INSTRUCTIONS: If you would like us to debit your bank account for payment of your WEA plan. Please complete this form and attach a VOID check of your bank account below.

Client Name:

Address:

City:

State:

Country:

Postal Code:

## Payment

ABA Number:

Account Number:

Frequency:  Annual  Semi-Annual  Quarterly  Monthly  
 Single Debit

Client Signature:

Date:   
/ /

Place Voided  
Check Here