

# ACH AUTHORIZATION FORM

— NUVOH2O



## COMPANY INFORMATION

Company Name

Address

:

City

:

State

:

Zip Code

:

City / Country

:

Contact Name

:

Email Address

:

## BANKING INFORMATION

Bank Name

:

Address

:

City

:

State

:

Zip Code

:

City / Country

:

Bank Contact Name

:

Phone #

:

ABA Routing #

:

Account #

:

Account Type

:

Checking

Savings

(please check only one)

Certification: Under penalties of perjury, I certify that the above information is complete and accurate. I hereby authorize NuvoH2O to automatically deposit payment for invoices into our account at the financial institution listed. I also authorize withdrawal transactions from the account, limited to the amount of the original deposit, in the event of an overpayment or erroneous deposit. This authorization will remain in effect until NuvoH2O has received, in writing, our cancellation notification.

Date :

Print Name

Signature

Title

Please email this to: [AP@nuvoh2o.com](mailto:AP@nuvoh2o.com)