ACH Remittance Enrollment Form

To enroll in ACH Remittance, simply fill out the information below and return this form to DataFi Payments Inc. Accounting department with a voided check. This is required to ensure that you are paid correctly.

Important! Please read and sign before submitting.

I hereby authorize DataFi Payments Inc. (hereinafter "Company") to deposit and/or debit any amounts owed or due by initiating credit/debit entries to my account at the financial institution (hereinafter "Bank") indicated. Further, I authorize the Bank to accept and to credit/debit any entries indicated by Company to my account.

This authorization is to remain in full force and effect until Company and bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Name: _____

Company Name: _____

Federal ID or Social Security #: _____

Signature: _____ Date: _____

Account Information:
Bank Name/City/State: _____

Bank Routing #: _____

Checking Account #:_____

*****ATTACH VOIDED CHECK*****