



ACH Authorization Form

Names as it Appears on Bank Account:

Bank: _____

Routing Number: _____

Account Number: _____

I _____, certify the about information is correct and authorize **Indy Chamber** to draft the requested amount from my bank.

Checking Account

Savings Account

Name _____

Company Name _____

Mailing Address _____

Contact Phone number _____

Print Name & Title _____