

# ACH Payment Authorization Form

*Randy Mastin Septic Tank, Inc.*

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## BANK ACCOUNT INFORMATION

*Account where funds will be deposited into. The bank account must be authorized to receive funds via ACH.*

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

\_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ ABA #: \_\_\_\_\_

Account Type (Checking/Saving): \_\_\_\_\_

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## AUTHORIZATION

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

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## IMPORTANT INFORMATION ABOUT ACH

1. Not all banks participate in ACH transactions. If your financial institution does not participate, you will not be eligible for this service.
2. **WIRE INSTRUCTIONS AND ACH INSTRUCTION MAY OR MAY NOT DIFFER. IT IS IMPORTANT TO ASK YOUR FINANCIAL INSTITUTION IF THERE ARE DIFFERENT INSTRUCTIONS FOR ACH.**



Please complete this form and email it to [info@mastinsepticandwell.com](mailto:info@mastinsepticandwell.com).  
For questions, please contact the office at 419-877-5351.