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Rockville, MD 20850  
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## **ACH/EFT BANK TRANSFER ENROLLMENT FORM – DOMESTIC**

Payee Name:

Payee Address:

City/State/Zip:

Contact Phone number:

Contact email address:

Bank Name:

Bank Address (City/State):

Bank ACH Routing No:

Please choose one

Saving:

Checking:

Beneficiary Account Name:

Beneficiary Account No:

I hereby authorize The EMMES Company, LLC (Emmes) to automatically deposit payments to the bank account referenced above. I understand that I am responsible for the validity of the information provided on this form and that The Emmes Company (Emmes) may rely on this information.

Authorized Signature:

Date: