

ACH PAYMENT AUTHORIZATION (CREDIT ONLY)

WYO HELP – 1933 Main Street Torrington Wy 82240

Vendor (Payee) Information

Name (Individual or Business)

Street Address

City, State, Zip

Phone Number:

Email:

Bank Account Information

Bank Name:

Account Number:

Routing Number:

Account Type: Checking Savings

_____ I hereby authorize WYO HELP to initiate ACH credit entries only to the bank account listed above for the purpose of issuing payments owed to me.

_____ I certify that the information is accurate and that I am an authorized signer.

Authorized Signature:

Date: