railbookers group

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AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

Vendor Information:

IATA #

Agency Name: _____

Agency Address: _____

Agency City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone #: ( ) _____

E-Mail Address: _____

Banking Information:

Agency's Bank Name: _____

Bank Address: _____

Bank's City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone #: ( ) _____

ABA Routing #: _____ Account #: _____

Account Type
(please check only one) Checking ☐ Savings ☐

Vendor's Authorization:

_____ _____
Signature Title

( ) _____ _____
Phone Number Date