

Electronic Direct Deposit (ACH Payment) Authorization Form

Please Include Voided Check *Electronic payments will be delayed if voided check is not included* The checking account number and bank routing number on associated bank's letterhead will also be accepted.

Please type or write legibly

**Before completing this form, call the ACH contact at your financial institution to clarify if there are any fees related to this service.

• Once ACH payments are effective, remittance information will be sent to you via email.

• Each entry will be for the amount of invoice(s) presented to Project One LLC for payment and will be transmitted to your financial institution based on the payment terms that you have already agreed upon with Project One LLC.

• Unless otherwise indicated, payments under the Taxpayer ID number below will be paid via ACH with the banking information provided.

[ALL FIELDS IN THIS SECTION ARE REQUIRED]

BANK ACCOUNT HOLDER'S NAME	TAX PAYER ID#	
COMPANY NAME REPORTING AS IS ON INVOICE		
•NAME		
BANK ACCOUNT HOLDER'S REMIT TO ADDRESS		
• TELEPHONE NUMBER		
• EMAIL ADDRESS		

• CONTACT NAME

I (we) herby authorize Project One LLC to initiate debit entries to my (our) checking account indicated below at the depository financial institution named below. This is a first time setup [] This is an updated setup []

- SIGNATURE
- BANK NAME
- ABA ROUTING NUMBER_
- CHECKING ACCOUNT NUMBER_
- REMITTANCE EMAIL ADVICE ADDRESS_

• Return completed form by emailing form as an attachment to info@myproject1.com with Electronic Payment Authorization in the subject line.

Attach Voided Check Here