



# ACH Payment Authorization Form

COMPLETE IF YOU WISH TO HAVE ALL PAYMENTS AUTOMATICALLY TRANSFERRED TO YOUR BANK ACCOUNT.

RECEIVE YOUR PAYMENTS **FASTER** IN TWO EASY STEPS!



Complete  
Form Below



Submit via  
Email or Fax



e: [sales@gogc.com](mailto:sales@gogc.com) f: (320) 762-8402

**Business/Individual Name** \_\_\_\_\_

**EIN/Social Security #** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

I (we) hereby authorize Geneva Capital LLC, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account/Savings Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**Bank Name** \_\_\_\_\_

**Account Type** (Choose one)  **Checking**  **Savings**

**Routing #** \_\_\_\_\_ **Account #** \_\_\_\_\_  
(9 digit, lower left of check)

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**Authorized Signature**  \_\_\_\_\_ **Date** \_\_\_\_\_

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

*If transmitted electronically, via facsimile, email or similar means you agree that we may treat electronic record or a paper copy of the output received from electronic transmission as an original of this written Agreement.*



**Geneva Capital** LLC  
Your equipment finance *solution.*