



WESTWOOD
FUNDING

ACH AUTHORIZATION FORM

All information on this form is required unless otherwise noted.

BUSINESS AUTHORIZED TO DEBIT/CREDIT ACCOUNT:

WESTWOOD FUNDING		954-340-0331	
Authorized Business Name		Authorized Business Phone Number	
4601 Sheridan St Suite 501	Hollywood	FL	33021
Authorized Business Address	City	State	Zip

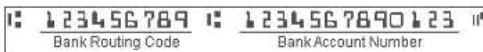
ACCOUNT HOLDER INFORMATION:

Account Holder First Name	Account Holder Last Name	Account Holder DBA Name (If Business Account)	Phone Number
Account Holder Address			

ACCOUNT HOLDER BANK INFORMATION:

Account Holder's Bank Name	Branch City	State	Zip
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How to find your Routing and Account Numbers on a check



- ☐ Business Checking
☐ Personal Checking
☐ Savings

Bank Routing Number (9 digits)	Bank Account Number
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TRANSACTION INFORMATION:

Goods Purchased/Services Rendered	☐ One-time ☐ Recurring
Amount of Transaction	Rate _____
Effective Date	No. of Transactions _____ or Open Ended ☐

AUTHORIZATION:

In exchange for products and/or services listed above the undersigned hereby authorizes:

Westwood Funding Solutions

to electronically draft via the Automated Clearing House system the amounts indicated above from the account identified above. This authority will continue until withdrawn in writing by the undersigned account holder. The Undersigned hereby certifies that they are duly authorized to execute this form on behalf of the above listed account holder. I acknowledge that I am subject to a \$25 reject fee if items are returned for insufficient funds.

First Name of Account Holder	Last Name of Account Holder	Title of Account Holder
Signature of Account Holder		Date

