

Electronic Payment Details

U.S. Domestic



Please provide the following information regarding domestic (USA) electronic payments to be made from our third-party administrator PayerFusion Holdings LLC.

Submit Completed form to: corpaccounting@payerfusion.com

NOTE: All funds will be sent in US Dollars.

PLEASE TYPE INFORMATION, WE WILL NOT ACCEPT HANDWRITTEN FORMS TO AVOID ERRORS.

Account Holder Information (U.S. Address Only)

Business Name		
First Name	Middle Name	Last Name
Telephone Number	Email	
Street Address		
Suite/Apt Number		
City	State	Postal Code

Account Information

Bank Name		
Bank Address		
City	State	Postal Code
Account Type	Checking Savings	
ACH Routing Number (9 Digit Number)	Account Number	

Comments

Name	Signature	Date (mm/dd/yyyy)
------	-----------	-------------------

Upon receiving the requested information, PayerFusion Holdings LLC reserves the right to authorize a test transaction to ensure all information provided is accurate.

THIS WILL ALLOW US TO PAY DIRECTLY TO YOUR CHECKING ACCOUNT, PLEASE INCLUDE A COPY OF A VOIDED CHECK TO AVOID ERRORS.