

Automatic Clearing House (ACH) Form

Please fully complete the form below along with a VOID check and either scan and email to <u>cmaltby@lifelearn.com</u> or fax to 519-767-1101.

| Date: | |
|------------------------------|--|
| | |
| Clinic | |
| Name(s): | |
| Address: | |
| City/Town: | |
| Province/State: | |
| Postal Code/ZIP: | |
| Country: | |
| Phone Number: | |
| Alternate Phone | |
| Number: | |
| Financial Institution | |
| (FI): | |
| FI Bank Number: | |
| FI Account Number: | |
| FI Routing Number: | |
| Account Type: | |
| Address: | |
| City/Town: | |
| Province/State: | |
| Postal Code/ZIP: | |
| Country: | |
| Authorized | |
| Signature(s) | |