
ACH Request Form

Instructions

Complete all the information below and return to DGA Accounting. You may return this form via email to Accounting@dgainc.com.

Account Information

Bank account name: _____

Account type: ___ Checking ___ Savings

Bank **ACH** routing number: _____

Account number: _____

Bank Name: _____

attach a voided check

Authorized signature:

Date:

Print name:

Business name: