



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:

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