

ACH DEPOSIT INFORMATION FORM

Please fill out the information below, including signature to receive your **monthly** payments via ACH directly into your bank account

Recipient of Payment:

Your Bank Name:

Your Bank Routing Code (always 9 digits):

Payee Name (can be personal or company name):

Bank Account Number:

Account type: **Checking** **Savings**

Your signature authorizing direct payment into this account by ACH:

Signature:

Printed Name:

**COMPLETED FORMS MUST BE RECEIVED BY THE 25TH OF THE MONTH
TO BE PAID BY ACH IN THE FOLLOWING MONTH.**

Please include a copy of a voided check for this account and mail along with this completed form in an envelope marked CONFIDENTIAL to:

SWDS
Attn: Accounting Support
8659 Research Dr.
Irvine, CA 92618

Or email us at dealerclientrelations@swds.net

If you have any questions, please contact SWDS Accounting Support at 949-707-4200 ext. 303.

