



ACH AUTHORIZATION RELEASE AND ACCOUNT CHANGE FORM

(Please TYPE or PRINT)

_____ hereby authorizes Genpass Technologies, Inc. to
(Your Name)
initiate ACH transfer entries for the following:

- Adjustments
- Error Corrections
- Daily Transaction Settlement
- Maintenance

These entries will be made through Account at:

Financial Institution Name: _____

Address: _____

P.O.Box _____ Zip _____

Street _____ Zip _____

Phone: (_____) _____
Main

Routing Transit Number

Account Number

If making an account change complete section below

Old Routing Transit Number

Old Account Number

Type of account _____
(checking, savings, money market, etc..)

Company Name

By:

Title:

Signature:

Date:

NOTE: SIGNATURE REQUIRED

Genpass OFFICE USE ONLY

Verified By: _____

Approved By: _____

***PLEASE ATTACH A PRE-PRINTED VOIDED CHECK HERE
BANK DRAFT AND DEPOSIT SLIPS NOT VALID
IF NO PRE-PRINTED CHECK AVAILABLE ATTACH A BANK LETTER IN
PLACE OF PRE-PRINTED CHECK***