



Amber Waves
1320 Mountain Avenue
Norco, CA 92860-2852
Phone (951) 736-1076 Fax (866) 302-2817
email: Debbie@amberwaves.info

ACH/PAYMENT CHECK BY PHONE AUTHORIZATION FORM

I authorize Amber Waves to initiate either an electronic debit or to create and process a demand draft

Against my bank account on or after _____ (Day) _____ (Month) 2011 for the amount of

\$ _____. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. My account information is as follows:

BANK INFORMATION

Accountholder name _____

Name of Bank _____

Bank Street Address _____

Bank City, State Zip _____

Bank ABA Number /Routing Number _____
(9 digits listed on bottom of your check)

Bank Account Number/Customer Account Number _____

Bank Account Type Checking Savings Business Checking

Accountholders Signature _____

Date _____

Please fax this form and copy of voided check to (866) 302-2817 for

ACH/check by phone transaction