

**McNaughton & Gunn, Inc.**  
**ACH Withdrawal Authorization Form**

Customer Name† \_\_\_\_\_

Bank Name\* \_\_\_\_\_

Invoice Number† \_\_\_\_\_

Routing Number\* \_\_\_\_\_

Dollar Amount† \_\_\_\_\_

Account Number\* \_\_\_\_\_

Account Type: Business/Personal\*  
(Circle one)

Account Type: Check/Savings\*  
(Circle One)

\*You may attach a voided check instead of entering the above information on this form.

I am a signer on the above account and I authorize McNaughton and Gunn Inc. to withdraw the above amount from my bank account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fax this form back to the Financial Services Department at (734) 429-1064**

If you have any questions, please call Diane Hutchens in Financial Services at (734) 429-5411  
Ext. 8711