



960 Woodland Dr.
P.O. Box 10
Saline, Michigan 48176
734.429.5411
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Your signature printer

ACH Withdrawal Authorization Form

*Please fax completed form to
Jill Esch 734.429.8756 or
Carlene Rogers 734.429.8760*

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 _____

Any questions, please call
Jill Esch 734.429.8710
Carlene Rogers 734.429.8711