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# 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, \_\_\_\_\_  
Job # or Title

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 \_\_\_\_\_

**Email is not a secure means of communication. Please fax this form to the above numbers or you may call the numbers below and your information may be given over the phone.**

**Any questions, please call  
Jill Esch: 734.429.8710  
Carlene Rogers: 734.429.8711**