



砂谷生命河靈糧堂
RIVER OF LIFE CHRISTIAN CHURCH

ROLCC ACH Payment Request Form

Payee Information	
Name (Payee)	
Phone Number	
Email Address	
Address	
Contact Name	

Bank Information	
Beneficiary Bank Name	
Account Holder Name	
Bank Account Number	
Bank Routing Number	
Bank Account Type	<input type="checkbox"/> Checking Account <input type="checkbox"/> Saving Account
Bank Address	

This form is to collect the bank account information for the ROLCC Finance Department to initiate ACH payments to the Beneficiary Bank Account.

Authorized By: _____ (Signature)

Name: _____ (Print or Type)

Date: _____