



Centers of
Wellness for
Urban Women, Inc.

Indiana Inter church Center Suite 226
1100 W. 42nd Street
Indianapolis IN 46208

AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

Vendor Information

Vendor/Individual's name

Remittance address

City

State

Zip

Contact name

Email address

Banking Information

Bank name

Bank address

City

State

Zip

Bank contact name

ABA Routing #

Account #

Account type (please check only one) Checking Savings

Vendor's Authorization

Please sign below to confirm that you are authorizing Centers of Wellness for Urban Women to begin transferring payments for your invoices to the account mentioned above.

Signature

Date

Title

Telephone number ()

Please submit the completed form via email to sydney@cwuonline.org