



ACH Enrollment Form

Please electronically complete or clearly print the required fields below:

Date _____

Payee Information

Name _____ SSN/EIN(Last 4 digits) _____

Street Address _____ City _____ State _____ ZIP _____

Contact person (if different than above) _____

Contact email address _____ Telephone number _____

Financial Institution Information

Bank Name _____ Bank Routing Number _____

Account Number _____ Name on Account _____

Checking Savings

***To Electronically Complete The Form:**

(A) Complete all fields.

(B) Save the completed form.

(C) Add Attachment and email completed form to apsupplier@lifeway.com or fax to (615)251-5734

(D) Bank Information changes: email apsupplier@lifeway.com

(E) Questions: Contact Doug Pack at (615)251-5728 or doug.pack@lifeway.com